

Earlham Community School Facility Rental Contract
(To Be Completed by District Office)

Contact Person: _____ Organization/Group Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Fax: _____ E-mail address: _____

Classification: A – B – C – D – E – F – Circle one

If organization or group is class D or E, are 75% or more of participants Earlham Youth **Yes/No**
Based on Classification, school employee supervision may be required.

PREPARATION DETAILS: Please describe what areas of the facility, equipment or other special needs. Please note: *Equipment & Quantity (if available) TV, Physical Education Equipment, PA system, Tables or Chairs * Will food or beverage be served? (in approved areas only)

Facility Room(s):

Purpose of Use:

Special Needs:

Days of Requested Use: _____ **Approx. Time(s) of Use:** _____

Rental Conditions / Supervision Requirement/Amount: _____

PROVISIONS OF CONTRACT:

- 1. The facility as described in the Contract cannot be used for any purpose contrary to law or the public policy of Earlham Community Schools, or for any purpose deemed extra hazardous on account of fire or otherwise.
- 2. The Lessee/Applicant cannot assign or transfer this contract to a third party.
- 3. The Rental Agreement 1004.2, Policy 1004.1 and Regulations 1004.1R3 are incorporated in this request.
- 4. Earlham Community Schools has the right to terminate this agreement without notice in the event of any violation of this agreement or the attached Contract, whether such violation is the result of acts of the Renting Organization or by persons invited to the facility by the Renting Organization.

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SIGNATURE OF APPLICANT

DATE

SIGNATURE OF EARLHAM COMMUNITY DISTRICT PERSONELL

DATE

Rental Fee: _____

Evidence of Liability Insurance: _____

If Class D or E: Attached Roster of Participants _____

Advance Deposit | Check #: _____

Date Adopted: 12-09-86

Date Reviewed: 04-14-93, 03-17-97, 11-16-11

Date Revised: 07-16-02, 02-11-04, 01-17-07, 10-17-18