

APPLICATION FOR THE USE OF SCHOOL FACILITIES

CHILLICOTHE CITY SCHOOL DISTRICT
235 CHERRY STREET, CHILLICOTHE, OHIO 45601-2350
740 775-4250, Ext. 108

Date of Application: _____ Date Application Received: _____

Permission is hereby requested by the: _____
Name of Organization

Is your Organization chartered as Non-Profit? _____ YES _____ NO

For use of the facility on:

Date	Day	From Time	A.M.		P.M.		To Time	A.M.		P.M.	
	Monday										
	Tuesday										
	Wednesday										
	Thursday										
	Friday										
	Saturday										
	Sunday										

Rental Location
Allen
CHS
Mt. Logan
Tiffin
Herrnstein Field
Smith
Western
Worthington
Other: _____

OTHER _____

Requested area(s) of use: _____ Auditorium _____ Gym _____ Cafeteria _____ Multi Purpose _____ Library
_____ Conference Room _____ Classroom _____ Other: _____

Number expected to attend: _____
State the purpose for which the property will be used: _____
Person responsible for supervision of the activity: _____
Will there be an admission fee charged? _____ YES _____ NO If yes, state the amount: \$ _____
Will there be anything sold? _____ YES _____ NO Is yes, describe item (s) _____
Will refreshments be served? (Permitted in designated areas only) _____ YES _____ NO
If yes, describe item(s): _____

Special equipment or services required: (Note: Limited equipment/services available, verify requirements per school). Renter is responsible for contracting/arranging/additional fees for sound/lighting requirements.

Contact Name: _____
Office Held: _____
Address: _____
Telephone No: _____

Liability Insurance Coverage

Each group or organization using a facility must provide proof of liability coverage. The minimum acceptable limit shall be \$1,000,000 per occurrence. Proof shall be an ACORDTM Certificate of Insurance. Exceptions to the policy as pertaining to liability insurance may be made as deemed reasonable by the Superintendent or his/her designee.

SEE REVERSE FOR APPROVAL AND FEE CHARGED

