



WASHOE COUNTY SCHOOL DISTRICT FACILITY USE FORM

For complete information regarding WCSD's Facility Use procedures, please refer to CSI procedures FMP001 -- Terms and Conditions and FML001 -- Fee Schedule, as well as WCSD Administrative Regulation 7087 -- Community Use of School Facilities.

GENERAL INFORMATION:

Today's Date: _____ WCSD Site: _____
WCSD Site Responsible Party: _____
Name of Organization: _____
Representative Name: _____ Title: _____
Billing Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Cell: _____ Email: _____

Requested Facility Room #'s: _____

INTERIOR – ROOMS:

- Classroom(s) Conference Room Multipurpose Room Commons Area Small Gym Large Gym
- Technology Lab Theater Auditorium Computer Lab Library Small Kitchen Large Kitchen Shop
- Other: _____

EXTERIOR – FIELDS:

- Amphitheater Quad Area Pavilions Football Soccer Baseball Softball Practice Field Track
- Joint Use Field Parking Lot Other: _____

PURPOSE OF USE:

- Community Education Educational Literary Scientific Religious Public Business Political
- Precinct Meeting Organizational Election Meeting / Caucus Census Meeting General / Primary Election
- Non-Profit Fundraiser Booster / PTA Community Political Nutrition Services Use Training
- WCSD Association Use Joint Use Agreement Non-WCSD Recreational /Athletic Event Other WCSD Site
- Public Agency: _____ Other: _____

Type of Event: _____

Special Services Required: _____

(Please attach a layout of setup for furniture and equipment. A brief description of event is required.)

Facility Rental Use Costs:	Date(s) of Use	Time-In	Time-Out	Facility Cost
Weekdays:	_____ / _____	_____ / _____	_____ / _____	_____ / \$ _____
Weekends:	_____ / _____	_____ / _____	_____ / _____	_____ / \$ _____

Room Rental Rates based on a per hour basis.

WCSD STAFF REQUIRED FOR THE EVENT:

Custodian @ weekday / off hour rate \$30.00 x _____ hours = \$ _____
Custodian @ weekend / off hour rate \$30.00 x _____ hours = \$ _____
Custodian @ holiday hour rate \$40.00 x _____ hours = \$ _____
Other: _____ @ _____ hourly rate \$ ____ x _____ hours = \$ _____

Total Charges: \$ _____

Security/Cleaning Deposit: \$500 - \$1,000, when applicable.

Will food be served at this event: Yes No **Do you have proper health certifications:** Yes No

Type: Light Refreshments Meal w/ Meeting using WCS D Nutrition Service

Meal w/ Meeting using other Catering Service

Name of Caterer: _____

AUDIO/VISUAL EQUIPMENT (Charges per equipment rental sheet. Not all WCS D sites have listed equipment.

Equipment provided upon availability. A minimum of two (2) weeks notice is required.):

Microphone Wireless Microphone Podium Portable Audio VCR / DVD / CD Player ELMO

Overhead Flip Chart/Marker Projection Screen TV AV Cart LCD Projector

Extension Cord(s) Other: _____

Equipment Rental Use Costs:

Equipment Type: _____ # Needed: _____ Days Needed: _____ Cost: \$ _____

Equipment Type: _____ # Needed: _____ Days Needed: _____ Cost: \$ _____

Payment must be included with request as well as the Insurance Certificate (designates coverage amount and expiration date), Non- Profit Form (5013C), and other necessary certificates, permits, or licenses if applicable. Please make checks payable to the Washoe County School District.

APPLICATION REQUIREMENTS ATTACHED (Applications must be submitted at least 30 days prior to event :

Insurance Non-Profit (5013C) Business License Fees Payment Security Deposit Other _____

Facility Rental Refund Policy: If reservations are canceled at least 30 days prior to the event, a full refund less a \$25 administration fee will be issued. There will be no refunds for reservations canceled with less than a 30-day notice

Hold Harmless Agreement: I, the undersigned organization/ User hereby state that I have read the Facility Use Application Terms and Conditions for use of Washoe County School District Facilities. I agree to all rules therein stated and that the intended meeting and/or event meet all the criteria stated therein. My organization agrees to indemnify, defend and hold the WCS D, its Trustees, employees, agents, and volunteers harmless from any and all liabilities, claims, losses, costs or expenses to the person or property of another, lawsuits, judgments, and/or expense. including attorney fees, arising either directly or indirectly from any act or failure to act by User or any of its officers, r employees, or volunteers which may occur during or which may arise out of the use of this and any WCS D facility they have contracted for use. The undersigned organization/User will not hold the WCS D responsible for any injury or illness sustained by any individual while participating in any activity at a WCS D facility. The undersigned organization/ User fully understand that medical insurance is the sole responsibility of the participants and not that of the WCS D. The undersigned organization/ User also understands and agrees to take full responsibility for any and all damages that may result from the use of or to the facilities or WCS D equipment, which shall include but is not limited to extra custodial charges and possible repair/replacement costs.

I, the undersigned organization/User, have the authority to sign this agreement on behalf of the undersigned organization. I, the undersigned organization/User, have read and understand the Facility Use Application Terms and Conditions and recognize and understand that such Terms and Conditions are incorporated here and by reference:

User Name (Please Print): _____

User Signature: _____ **Date:** _____

User Title: _____

WCS D Site Administrator Signature: _____ **Date:** _____

WCS D Site: _____

WCS D Facility Use Administrator Signature: _____ **Date:** _____