

**CARROLLTON EXEMPTED VILLAGE SCHOOL DISTRICT
252 THIRD STREED N.E., CARROLLTON, OHIO 44615-1236
Use of Facilities Application**

Name of Organization/Club _____ Name of Event _____ Today's Date _____

Organization Contact Name (& Mailing Address- If not school related) _____ Contact Primary Phone # _____ E-mail (@carrolltonschools.org) _____

Type of Activity: _____ Is this a school or school club activity? YES NO

Start DATE: ____/____/____ **DAY:** Monday Tuesday Wednesday Thursday Friday Saturday Sunday

IF more than a one day event:

End DATE: ____/____/____ **DAY:** Monday Tuesday Wednesday Thursday Friday Saturday Sunday

TIMES: For Set up Time _____: _____ AM / PM Arrangements: Tables #/ Placement _____

Event Start Time _____: _____ AM / PM Chairs # Placement _____

Event End Time _____: _____ AM / PM Bleachers? Down Up _____ System/Audio/Visual Equipment (Specifics) _____

NOTES: _____

Facility	Café- teria	Kitchen/ *Cook	Gym	Audit- orium	Library	Class- room(s)	Other	Other	Custodian Needed?	Initial of Principal(s)/Dir.
<input type="checkbox"/> SHARED Areas: HS & CES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A See Below	N/A See Below	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> No/on duty <input type="checkbox"/> Yes _____	Mr. Davis _____ Mr. Albrecht _____
<input type="checkbox"/> HS	N/A See Above	N/A See Above	N/A See Above	N/A	<input type="checkbox"/>	<input type="checkbox"/> # _____ <input type="checkbox"/> # _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> No/on duty <input type="checkbox"/> Yes _____	Mr. Davis _____
<input type="checkbox"/> CES	N/A See Above	N/A See Above	<input type="checkbox"/> ELEM GYM!	N/A	<input type="checkbox"/>	<input type="checkbox"/> # _____ <input type="checkbox"/> # _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> No/on duty <input type="checkbox"/> Yes _____	Mr. Albrecht _____
<input type="checkbox"/> Augusta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/> # _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> No/on duty <input type="checkbox"/> Yes _____	Mr. Abel _____
<input type="checkbox"/> Dellroy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/> # _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> No/on duty <input type="checkbox"/> Yes _____	Mr. Abel _____
<input type="checkbox"/> BHMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/> # _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> No/on duty <input type="checkbox"/> Yes _____	Mr. Nicholas _____
<input type="checkbox"/> PTC	N/A	N/A	N/A	N/A	N/A	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> No/on duty <input type="checkbox"/> Yes _____	Mr. Davis _____
<input type="checkbox"/> Stadium	N/A	N/A	N/A	N/A	N/A	Field Lined? <input type="checkbox"/> No <input type="checkbox"/> Yes	Concessions? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> No/on duty <input type="checkbox"/> Yes _____	Mr. Eddy _____

Waiver of Claim for Personal Injuries and Acceptance of Liability for Damages

_____ (Name of Organization) agrees to INDEMNIFY and HOLD HARMLESS the Carrollton Exempted Village School District from all liability, claims, demands, damages, or costs, for, or arising out of use of the above-named facility whether it be caused by the negligence of the organization or the Carrollton Exempted Village School District Board of Education or either party's agents or employees, or otherwise. Furthermore, I accept full liability for any damage which is caused to the facility and/or equipment during the rental period.

Deposit: A \$50.00 deposit must be submitted along with this Use of Facilities Application for any non-school related functions, made payable to Carrollton Board of Education. **Estimated Charge:** _____. The charge will be computed by the Treasurer. Additional hours may be necessary to accommodate special arrangements, clean-up etc. ***Any** kitchen use will require a cook to be on duty **Billing:** The organization will be billed after verification of use has been received. **Cancellation:** 24 hours cancellation notification is required. Failure to notify Mr. Robinson at (330-627-2181) will result in a 2 hour fee.

_____ **Signature of Renter** _____ **Date** _____ **Signature of Director of Programs** _____ **Date** _____