

SCHOOL DISTRICT OF AMERY
APPLICATION FOR USE OF SCHOOL FACILITIES

Name of Organization: _____

Is organization youth-oriented and located within the boundaries of the School District of Amery? [] Yes [] No

Activity/Event: _____

Date(s) of Event: _____ Start Time: _____ End Time: _____

Primary Contact Name: _____ Contact Phone: _____

Primary Contact Address: _____

Person Supervising Event: _____

School Needed: [] Elementary School [] Intermediate School [] Middle School [] High School

Room(s)/Area(s) Needed: _____

Insurance Carrier for Organization: _____ Policy #: _____

(Proof of insurance may be required)

Will use of the kitchen be required? [] Yes [] No

If Yes, kitchen facilities and a certified School Nutrition staff member must be present at all times kitchen is being used. Cost for School Nutrition staff will be billed at \$28.00 per hour. Cost of the kitchen is \$100 per day. Cost of cooler/freezer usage \$25 per day.

Acknowledged by Event Contact: (initials) _____

Will food be sold or served at the school (other than pre-packaged food items)? [] Yes [] No

If Yes, all food must be served in the cafeteria or commons areas of the school. At least one person who has participated in a Serve Safe training must be present at all times food is being served to ensure safe food handling procedures are being followed. Name(s) of trained supervisor(s): _____

If kitchen facilities are not used but food items will be sold or served, event organizers are responsible for providing all equipment, utensils, coolers, towels, cleaning supplies, etc. The school's cooler or freezer may be used for food storage prior to the event at a cost of \$25 per event. To ensure the proper use of facilities and supplies, only District Custodial or School Nutrition staff will be authorized to place and remove food from storage areas.

Acknowledged by Event Contact: (initials) _____

Use of the Auditorium Control Room requires additional payment to the sound/lighting employee(s). The renting organization or individual will be billed for the actual wages and fringes paid to the employee(s).

OFFICE USE ONLY

Facility Use Approved: _____
Building Principal Date Building Secretary Date

[] Event Entered in Facility Scheduler [] Projected Charges Confirmed with Event Contact [] Nutrition Supervisor Notified

Facility/Room Charges: \$_____ Detail: _____

Custodial Charges: _____ hours @ \$28.00 per hour School Nutrition Charges: _____ hours @ \$28.00 per hour

Auditorium Control Room Sound/Lighting Charges: _____ hours