

**ELIDA LOCAL SCHOOLS
APPLICATION FOR USE OF FACILITIES**

This application **MUST** be received **5 working days** prior to scheduled event.

Send to **Kathleen Phipps** 4380 Sunnysdale Elida, Ohio 45807; fax 419-331-1656; Kathleen@elida.k12.oh.us, 419-331-5864

You will receive a copy of the completed form - take it to the event with you for verification.

To be completed by requesting person or group:

Name of Group or Organization: _____

Name of Person Filing Application: _____

Phone Number: (H) _____ (C) _____ E-Mail _____

Address: _____

REQUESTS

Circle Location: Elementary Middle High Fieldhouse Auditorium Other _____

Facility/Room: _____ Event/Purpose: _____

Equipment: _____ # Attending: _____

Day(s) of the week and Date(s): _____

Event Time: _____ to _____ Time you need access to room: _____

ASSUMPTION OF RISK AGREEMENT

The undersigned representative of the participants of the above group/organization acknowledges that Elida Local School District has no insurance coverage for those individuals using school facilities and/or equipment. The group/organization participants assume responsibility for all risk of damage or injury that may occur to the users of school facilities and/or equipment. The group/organization participants hereby release and discharge the Elida Local School District from all claims, demands, rights of causes of action, present or future, whether known, anticipated or unanticipated, and resulting from or arising out of, or incidental to, the use of Elida Local School District's facilities and/or equipment.

I have read and understand, and have signed, for foregoing assumption of risk agreement

Signature

Date

AUDITORIUM FORM ON BACK / RATE SHEET AND POLICIES AVAILABLE

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To be completed by Elida Schools:

Classification of Group or Organization : _____

Applicable Fees: _____ Total Fees: \$ _____

Application: Recommended () Not Recommended () School Employee Yes No

Signature of Facility Coordinator

Date

Cc: Facility Coordinator - Applicant - Building Principal - Building Custodian

REQUEST FOR USE OF ELIDA HIGH SCHOOL AUDITORIUM – 30 day notice preferred

**School Employee or Rep of School Related Org.
Requesting Use of Auditorium During
School Hours**

**School Employee or Rep of School Related Org.
Requesting Use of Auditorium
Outside School Hours**

**I am not a district employee and I wish to
request the use of the auditorium.**

Your Name:

Your Name:

Your Name:

Your building location:

Your building location:

Contact Phone:

**Day(s), Date(s), Time(s) I would like to
use the auditorium. Please include
rehearsal times and performance/event
times**

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Day(s)	Date(s)	Start Time	End Time

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Day(s)	Date(s)	Start Time	End Time

I have checked the online calendar and there does not appear to be a conflict with the dates I am requesting.

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I just need the lights turned on.

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I have special light/sound needs and understand that any confirmation of dates will depend on availability of sound/light technicians

I have special light/sound needs and understand that my event cannot be confirmed until availability of light/sound technicians can be confirmed

I have special light/sound needs and understand that my event cannot be confirmed until availability of light/sound technicians can be confirmed

I understand there are separate forms that need to be completed once the availability of the facility and sound/light technicians is confirmed. Please send that paperwork to me at:
(provide your mail or email address)

I want to use the auditorium on the weekend and understand that there will potentially be extra charges for custodians and for security