

APPLICATION FOR RENTAL OF SCHOOL FACILITIES

We are making application for rental of _____
(Name of Facility)

to be opened at _____ on _____ and closed at _____ on _____. The facility will
 be used for the purpose of _____

Will admission be charged? _____ How much? _____ Student _____ Adult _____

Will camp fee be charged? _____ How much? _____ Student _____ Adult _____

****FEE SCHEDULE**

Oxford High School Auditorium	\$1,000.00 per day
Oxford Middle School Auditorium	\$850.00 per day
*Lighting Fee	\$20.00 per hour
*Audio-Visual Equipment	\$20.00 per hour
Oxford High School Gymnasium	\$500.00 per day
Oxford Middle School Gymnasium	\$300.00 per day
All Other Athletic Facilities	\$250.00 per day
Track and/or Stadium	\$500.00 per day
*Stadium Sound System	\$20.00 per day
*Stadium Lighting Fee	\$200.00 per day
Other School Facilities	\$20.00 per hour with \$100 minimum
Custodial Services (required)	\$20.00 per hour
Security Services (required)	\$20.00 per hour
Cafeteria Services (required if applicable)	\$20.00 per hour

FOOD AND DRINKS ARE NOT ALLOWED IN THE AUDITORIUM

A deposit of \$150.00 is required to cover damages. The full deposit will be returned provided there are no damages to the property. The school district will not permit the use of school property or equipment by any person or organization that does not furnish evidence of appropriate liability insurance coverage. The availability of any facility space is subject to the regulations and requirements set forth in this policy.

* Only school personnel or trained OHS students are allowed to operate the audio-visual equipment, sound or lighting systems.

** The school district reserves the right to modify or waive this fee schedule.

We the undersigned have read the conditions for Use of School Facilities and do agree to abide by them; agree to be responsible for the replacement or repair of equipment damaged or removed from school property; and to pay for any damages to school buildings or facilities during the time of this application.

 Name of Organization

 Name of Authorized Representative

 Home Phone

 Office Phone

 Date of Application

<i>FOR SCHOOL USE ONLY</i>
Cost of Facility _____
Date Paid _____
Insurance Policy # _____
Approved by _____

(Submit completed form to the principal's office.)