FACILITY RENTAL FORM - AUDITORIUM

1. Use of tobacco and either use of or possession of alcohol or illegal drugs on school district property is prohibited.

2. No food/drink is allowed except in specified areas.

3. Renter is responsible for the supervision, use and care of school property, and the character and nature of the activity will comply with school board regulations,

4. The school district reserves the right to require a usage fee and/or damage/cleanup deposit to be paid in advance.

5. Insurance certificates may be required of any group using school facilities.

6. A "Hold Harmless Statement" must be signed by sponsors of all groups using the facility by all adults participating in the recreational group activity.

7. School use will supercede public/private use if scheduled less than 2 weeks prior to event.

GROUP MAKING REQUEST: _____

DATE: _____

PERSON OR AGENT: _____PHONE: _____

MAILING ADDRESS: _____

PURPOSE OF RENTAL: _____

HOLD HARMLESS AGREEMENT

The Renter/User _____ hereby agrees to indemnify and hold harmless the Cashmere School District #222, it's appointed and elected officials and employees while acting within the scope of their duties as such, from and against all claims, demands, loss, liability of any kind and character, including costs of defense arising out of or in any way connected with the Renter/User's use of the school facilities specified in this agreement.

Signature of Applicant: _____   Date: _____

Total Rental Charge: $_____

Approved: _____ , Auditorium Coordinator

Approved: _____ , District Office

Copies: _____

FACILITY RENTAL FORM – AUDITORIUM

Date/s _____ **Start Time** _____ **End Time** _____

Set-Up: _____

Rehearsal: _____

Performance: _____

Tear-Down: _____

Please check the following equipment needs for your event. (*) Indicates an additional charge

Lights	**Staging**	**Sound**	**Staff**
☐ General House	☐ Chairs	☐ Cables	☐ House Manager
☐ General Stage	☐ LCD Projector*	☐ CD Player	☐ Sound Tech
☐ Stage Pre-Sets	☐ Podium	☐ Floor Mics*	☐ Light Tech
☐ Spot Light*	☐ Risers	☐ Hand Mics	
	☐ Screen	☐ Label Mics*	
	☐ Shells*	☐ Mic Stands	
	☐ Tables	☐ Monitors*	
	☐ VCR/DVD*	☐ Overhead Mics	
		☐ Wireless Mics	

To Be Completed By District:

Estimate   **Actual** _____

	Estimate	Actual	
Event Custodian	_____hr @ _____ =$_____	_____hr	$_____
Saturday Custodian	_____hr @ _____ =$_____	_____hr	$_____
Sunday Custodian	_____hr @ _____ =$_____	_____hr	$_____
House Manager	_____hr @ _____ =$_____	_____hr	$_____
Technician	_____hr @ _____ =$_____	_____hr	$_____
Base Auditorium Charge/Class _____	$_____		$_____
Facility Use- Other	$_____		$_____
Equipment Charge	$_____		$_____
Total Estimated Charges	$_____		

Adjustments after use-Reason _____ $_____

                                                  Total: $_____