

APPLICATION FOR SCHOOL FACILITY RENTAL

Vandalia-Butler City Schools
306 S. Dixie Dr Vandalia, OH 45377-2189
(937) 415-6417 Fax: (937) 415-6429
Please type or print all requested information

Date of Application _____

Organization _____ Usage Date/s Requested _____

Description of activity for which use is requested _____

Admission to be charged: _____ Yes _____ No

Time Entering Building _____ Time Exiting Building _____ Total Hours Usage _____

Building Requested

____ Board of Education Office
____ Butler High School
____ Morton Middle School
____ Smith Middle School
____ Demmitt Elementary
____ Helke Elementary
____ Murlin Elementary

Building Area Requested

____ BHS Lecture Hall \$ _____
____ BHS Theater Hall \$ _____
____ BHS Student Activity Center \$ _____
____ BHS Central Gymnasium \$ _____
____ BHS Multipurpose Room \$ _____
____ BHS Banquet Room \$ _____
____ Middle School Gymnasium \$ _____
____ Elementary Gymnasium \$ _____
____ Cafeteria \$ _____
____ Kitchen \$ _____
____ Classroom(s) \$ _____
____ Athletic Field(s) \$ _____

Additional Equipment Requested

____ PA System
____ AV Equipment
____ Sports Equipment
____ Chairs _____ Number
____ Tables _____ Number
____ Rectangle _____
____ Round _____

Food Service Personnel (as required) \$38.57/hr

Custodial Personnel (as required) \$38.57/hr

To be determined by the District

Vandalia-Butler City Schools Hold Harmless Agreement

The **renter** agrees to indemnify and **HOLD HARMLESS** the Vandalia-Butler City Schools, Board of Education, their agents and employees from all liability, claims, demands or costs for, or arising out of this rental agreement whether it be caused by the negligence of indemnitor or the Vandalia-Butler City Schools Board of Education or either party's agents or employees, or otherwise.

Date _____ Signature of Agent (Renter) _____

In order to use the facility a Certificate of Liability Policy must accompany this Application

****Refer to Rental Instructions for details**

Adult who will be present and assume responsibility to supervise group _____ (print)

Signature _____

Person or organization to whom invoice should be sent _____ (print)

Address _____ City, State & Zip _____ (print)

Home Phone Number _____ Business Phone Number _____