

Pike County School Corporation

Use of Facility Agreement Form

School/Facility Being Requested: _____
Name of Organization: _____
Name of Person Requesting: _____
Address: _____
Phone # or Cell #: _____
Date(s) to be Used: _____
Requested Time to Use (including setup): _____
Specific Part of School/Facility Being Requested: _____
Equipment Requested: _____
Custodial Services Requested: _____

USER ACKNOWLEDGES AND AGREES TO:

1. We agree to be responsible for all damages to equipment and facility during the time we are using the facility.
2. The facility is to be left clean and in the condition that the user found the facility.
3. To the specific hours you use the facility, will be added 2 hours for opening and closing the facility.
4. No smoking or drinking is permitted on or in school facilities.
5. Pay Pike County School Corporation when billed and said custodian will be paid by the corporation
6. We understand that the school corporation's insurance doesn't insure us personally.

Person Requesting Signature and Date: _____

Building Principal Approval and Date: _____

Director of Support Services Signature and Date: _____

Building Head Custodian and Date: _____

Auditorium Director and Date: _____

Cafeteria Supervisor and Date: _____

Custodial or Maintenance Personnel Assigned: _____

Facility Rental Fee: _____

****MUST BE FILED AT CENTRAL OFFICE AND WITH KATHY KIXMILLER AT PIKE CENTRAL HS****