

# EAST PALESTINE CITY SCHOOL DISTRICT

## APPLICATION TO RENT FACILITIES (TO BE COMPLETED AT LEAST 5 DAYS BEFORE USE)

As of \_\_\_\_\_ the applicant hereby requests permission to use  
Date of Application

the \_\_\_\_\_  
Facility

for \_\_\_\_\_  
Purpose

on \_\_\_\_\_  
Date of Rental

The applicant agrees to accept full responsibility for the care of the leased facility, to be responsible for any and all damages thereto during the time of use, and to save harmless the East Palestine City School District, its agents and employees from any and all liability arising out of said use.

The fees shall be determined from the following:	
Beginning Time	Closing Time
_____	_____
Facility	_____
Auxiliary Rooms	_____
Custodian	_____
Extra Equipment	_____
Total Fees	_____

<b>APPLICANT INFORMATION</b>		
_____		
Applicant Signature		
_____		
Title		
_____		
Street Address		
_____		
City	State	Zip
_____	_____	_____
_____		
Phone Number		

APPROVED:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
_____		
Superintendent of Schools		

<b>SCHOOL AUTHORIZATION</b>		
_____		
Sponsoring Principal Signature		
_____		
Facility Principal Signature		
_____		
Maintenance Supervisor Signature		
_____		
Food Service Supervisor Signature		

COPY:            Originator  
                     Principal  
                     Maintenance  
                     Treasurer  
                     Superintendent  
                     Food Service Director  
                     (for Cafeteria and/or Kitchen)