

## Application for Use of School Facilities

**▶ ACTIVITY / EVENT INFORMATION**  
 (Please check one)

Meeting     Practice     Tournament / Meet  
 Fundraiser     Game     Camp / Clinic  
 Other \_\_\_\_\_

**▶ LOCATION REQUESTED & DESCRIPTION OF EVENT**

**▶ FACILITY / ROOMS REQUESTED**

Auditorium     LGI Room     Stadium  
 Media Ctr.     Class Room     Tennis Courts  
 Staff Lounge     Main Gym     Baseball/Softball  
 Commons     Aux. Gym     Multi Purpose Room  
 Kitchen     Natatorium     Other \_\_\_\_\_

**▶ DATE(S) & TIMES FACILITY NEEDED**  
**NOTE:** Schools may not be available during non-school days

DAY	DATE	START TIME	END TIME
_____	_____	_____ <input type="radio"/> am <input type="radio"/> pm	_____ <input type="radio"/> am <input type="radio"/> pm
_____	_____	_____ <input type="radio"/> am <input type="radio"/> pm	_____ <input type="radio"/> am <input type="radio"/> pm
_____	_____	_____ <input type="radio"/> am <input type="radio"/> pm	_____ <input type="radio"/> am <input type="radio"/> pm
_____	_____	_____ <input type="radio"/> am <input type="radio"/> pm	_____ <input type="radio"/> am <input type="radio"/> pm
_____	_____	_____ <input type="radio"/> am <input type="radio"/> pm	_____ <input type="radio"/> am <input type="radio"/> pm
_____	_____	_____ <input type="radio"/> am <input type="radio"/> pm	_____ <input type="radio"/> am <input type="radio"/> pm
_____	_____	_____ <input type="radio"/> am <input type="radio"/> pm	_____ <input type="radio"/> am <input type="radio"/> pm
_____	_____	_____ <input type="radio"/> am <input type="radio"/> pm	_____ <input type="radio"/> am <input type="radio"/> pm

*Additional days / dates may be written on the reverse side.*

**▶ OR ONGOING DATES & TIMES FACILITY NEEDED**

Every \_\_\_\_\_  am  pm  
 Dates \_\_\_\_\_ to \_\_\_\_\_

**▶ Will a fee be charged to individuals or groups to participate in or attend this activity (i.e. registration, admission, etc.)?**  Yes  No

**▶ A one million dollar insurance liability policy must be submitted prior to rental with TMCS named as the certificate holder.**

**▶ Is facility setup or equipment required?**  Yes  No  
 If yes, please describe your needs - *A setup fee may be required.*

**DISTRICT USE ONLY**

Approved     Ins. Rec'd.     Paid  
 Declined     Invoiced     Scheduled

Signature \_\_\_\_\_ Date \_\_\_\_\_

**▶ INDIVIDUAL / ORGANIZATION INFORMATION**

Name of Individual or Organization ("User") \_\_\_\_\_

Organization Representative \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

**▶ ORGANIZATION / GROUP STATUS**  
 A Federal Tax ID # is required in order to receive the non-profit rate. If your group does not have a ID #, you will be considered a private interest group.

For profit    Federal Tax ID # \_\_\_\_\_  
 Non profit

**▶ OTHER CONTACTS**  
 Include any individual not listed above that may be present during and / or organizing the event.

Name \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**▶ \*User hereby agrees to all of the terms and conditions noted in the "Trotwood-Madison Board Policy # 7510". The undersigned warrants that he / she is an authorized representative of the Organization with authority to execute this agreement and bind the Organization hereto.**

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**▶ No reservation will be finalized until the application is approved by the Director of Operations.**