

Logan City School District Elementary Building Rental Application

**50% Non-Refundable Deposit is due with Building Rental Application.
Final Payment is due (10) working days prior to Activity/Event.**

Date of Application:		Name of Organization:	
Contact Person:		Telephone:	Business or Home:
Address:			Cell Phone:
City:	State:	Zip Code:	Email Address:
Rental of Building is for: <input type="checkbox"/> District Event <input type="checkbox"/> School Event <input type="checkbox"/> Private Use <input type="checkbox"/> Public Use <input type="checkbox"/> Non-Profit - If yes, a 501c3 form must be provided <input type="checkbox"/> For Profit Organization - If yes, a certificate of insurance must be provided			
Type of Event:		Date of Event:	
Approximate Number of Attendees/Participants:		Insurance: <input type="checkbox"/> Private <input type="checkbox"/> Purchased Through District	
Will you be charging: <input type="checkbox"/> Admission Fee <input type="checkbox"/> Booth Fee <input type="checkbox"/> Concession Fee <input type="checkbox"/> Other: _____			
Set Up Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM	Completion Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
	Time of Event:		Start Time: <input type="checkbox"/> AM <input type="checkbox"/> PM End Time: <input type="checkbox"/> AM <input type="checkbox"/> PM

AREA REQUESTED

<input type="checkbox"/>	Auditorium	
<input type="checkbox"/>	Cafeteria:	
<input type="checkbox"/>	Classroom(s):	Total Number of Classrooms Needed: _____
<input type="checkbox"/>	Field (s): <input type="checkbox"/> West Field <input type="checkbox"/> North Field <input type="checkbox"/> Both	
<input type="checkbox"/>	Gym(s): <input type="checkbox"/> North Gym <input type="checkbox"/> South Gym <input type="checkbox"/> West Gym NOTE: Locker rooms are not available for public use.	
<input type="checkbox"/>	Media Center	
<input type="checkbox"/>	Other:	

EQUIPMENT REQUESTED:

<input type="checkbox"/>	CD Player	<input type="checkbox"/>	Computer Access	<input type="checkbox"/>	DVD Player	<input type="checkbox"/>	Flag
<input type="checkbox"/>	Chairs	Number of Chairs: _____		<input type="checkbox"/>	LCD Unit	<input type="checkbox"/>	Microphones
<input type="checkbox"/>	Overhead Projector	<input type="checkbox"/>	PA System	<input type="checkbox"/>	Piano	<input type="checkbox"/>	Podium
<input type="checkbox"/>	Projection System	<input type="checkbox"/>	Risers	<input type="checkbox"/>	Tables	Number of Tables: _____	
<input type="checkbox"/>	TV Access	<input type="checkbox"/>	Wireless Access	Other:			

PERSONNEL REQUESTED:

<input type="checkbox"/>	Custodial Support	<input type="checkbox"/>	Kitchen Area Supervision
<input type="checkbox"/>	Stage Crew	<input type="checkbox"/>	Technical Support
<input type="checkbox"/>	Other:		

All users will assume their own liability coverage. The users will indemnify and hold harmless Logan City school District from any or all liability claims and courses of action occurring during rental use.

This application was prepared with my knowledge of the policy for Rental of Facilities.

Logan City School District Elementary Building Rental Application

You are hereby granted this PERMIT to use District property as described above. Use at your own risk. The District is immune from liability for your use pursuant to UCA § 53A-3-413-414 and § 63G-7-301(5). You are advised to obtain insurance for your own liability.

COSTS:

SCHOOL USE ONLY

Cost are calculated as follows:

Building Rental Fee:

	Hourly Rate		Daily Rate		Subtotal
Auditorium	_____	x	_____	=	_____
Cafeteria	_____	x	_____	=	_____
Classrooms	_____	x	_____	=	_____
Fields	_____	x	_____	=	_____
Gyms	_____	x	_____	=	_____
Media Center	_____	x	_____	=	_____
Music Rooms	_____	x	_____	=	_____
Tennis Courts	_____	x	_____	=	_____
Theater	_____	x	_____	=	_____

Personnel Fee:

	Hourly Rate		Daily Rate		Subtotal
Custodian	_____	x	_____	=	_____
Additional Staff	_____	x	_____	=	_____
Kitchen Staff	_____	x	_____	=	_____
Tech Crew	_____	x	_____	=	_____

Total Cost for Rental: _____

NOTE:

At the discretion of the Building Administrator, additional personnel may be needed for large events, administration or other staff may be assigned and additional charges added.

RENTAL DAY CONTACT:

Must be available at all times during activity to supervise participants and attendees.

NAME: _____

Telephone: _____

DOCUMENTS AND FEES:

Attached are the following documents and fees:

- Certificate of Insurance (for Profit Organizations only)
- Signed Building Rental General Regulations
- Rental Fee – 50% non-refundable deposit (made payable to Mount Logan Middle School)

The Logan City School District Policy on Rental of District Facilities has been read and understood along with all provisions of the Building Rental Application.

Renter's Signature: _____
(Person signing must be over 21 years or older)

Date: _____

NOTE: Final rental payment is due in full the day of event.

ADDITIONAL RENTAL INFORMATION (See Policy):

1. A stage technician is required when using auditorium lighting and/or sound system.
2. A kitchen staff worker is required for kitchen rental.
3. Proof of insurance coverage must be submitted to the District at least two weeks prior to rental.
4. Rentals beyond 8 hours are charged the daily rate plus an hourly rate beyond the 8 hours.
5. All users must leave the building no later than 11:00 p.m. and all outdoor activities must end by 10:30 p.m.
6. Field requests are made through the school administrator.
7. No outside properties must be brought into the building without prior approval from the building administrator.
8. No signs, posters, properties, or other materials are to be attached to facilities without building administrator.
9. Questions can be addressed by calling (435)755-2370 ext. 6008.

SCHOOL APPROVAL:

Building Administrator Signature: _____

Date: _____

SCHOOL USE ONLY:

50% NON-REFUNDABLE DEPOSIT AND APPLICATION RECEIVED ON:

Date: _____ Check No. _____

RECEIVED AND VERIFIED BY: _____

FINAL PAYMENT RECEIVED ON:

Date: _____ Check No. _____