



FACILITY USE AGREEMENT

Date: _____

Name of User Group/Organization: _____

Name of Responsible Individual: _____

Address: _____

Phone Number: _____ FAX: _____ e-mail: _____

Facility Requested: _____

Date(s) Requested: _____

Time(s) Requested: _____

Type of Activity: _____

Equipment Requested: _____

Special Notes: _____

Name of Facility Supervisor: _____

Phone Number: _____ FAX: _____ e-mail: _____

Facility Use Fees

User Category _____

Base Cost @ \$ _____ X Number of Uses _____ = \$ _____

Special Supervisor @ \$ _____ X Number of Hours _____ = \$ _____

Facility Supervisor @ \$ _____ X Number of Hours _____ = \$ _____

TOTAL FEES \$ _____

Facility Use Fees Collected _____ **Receipt Number** _____

User to Be Billed _____ monthly annually @end of use per agreement

Insurance Certificate Attached _____ **Proof of Non-Profit Status Attached** _____

The user understands that this approved use may be cancelled, relocated or rescheduled by MVSD without notice or liability.

User Group/Organization _____

Signature of Responsible Individual

Facility Use **APPROVED** _____ **Date** _____

Mount Vernon School District Administrator

Distribution:

Original-Facility Use Office Canary-Facility Administrator Pink-Business Office Goldenrod-User