

BUILDING & EQUIPMENT USAGE APPLICATION

Application Must Be Submitted Two Weeks Prior To Usage Date

A CURRENT PUBLIC RISK INSURANCE POLICY COPY MUST BE ATTACHED TO THIS APPLICATION

No liability shall attach to this Corporation, any employee, officer, or member of this Corporation specifically as a consequence of permitting access to these facilities. – Board Policy 7510

1. Name of Organization _____
Address _____
2. Person Responsible _____ Phone Number _____
Address _____
3. Purpose of Meeting _____
4. Building Requested: Elementary High School TAC 5. _____ Additional Information on Back of Form
6. Facilities Requested: _____ 7. Equipment Requested (**NO CHARGE IF USED IN THE BUILDING**)
_____ Auditorium (15% of ticket sales/admission) _____ Chairs - Number needed _____ *If using tables & chairs, then "number needed" must*
_____ Cafeteria (\$15 per hour) _____ Tables - Number needed _____ *be completed to receive Superintendent's approval.*
_____ Kitchen (\$10 per hour) _____ Speaker Podium _____ Piano
_____ Cafeteria with Kitchen (\$20 per hour) _____ VCR/Monitor _____ Overhead Projector
_____ Classrooms (\$10 per hour) _____ Other _____
_____ Computer Lab (\$20 per hour)
_____ Gymnasiums (\$20 per hour)
_____ Other _____
8. _____ **CUSTODIAL SERVICES; PLEASE SPECIFY:** _____

9. Date(s) Requested _____
10. Time(s) Requested _____ : _____ AM/PM to _____ : _____ AM/PM 11. Number of People Attending / Participating in Event _____
12. Other Information _____
13. Date of Application _____ / _____ / _____ 14. Applicant's Signature _____

APPLICANT: DO NOT WRITE BELOW THIS LINE

Maintenance Director's Approval _____	Date _____	Principal's Approval _____	Date _____
Athletic Director's Approval (<i>only if using a gymnasium</i>) _____	Date _____	Superintendent's Approval _____	Date _____

CHARGES:

1. _____ (Rental Fee) x _____ (number of hours) _____
2. _____ (2x Custodial Hourly Rate) x _____ (number of hours) _____
3. _____ (2x Cafeteria Hourly Rate) x _____ (number of hours) _____
4. _____ (2x Technology Hourly Rate) x _____ (number of hours) _____

TOTAL CHARGES: _____

**PAYMENT DUE WITHIN FIVE BUSINESS DAYS UPON RECEIPT OF INVOICE.
MAKE CHECK PAYABLE TO: TRITON SCHOOL CORPORATION
MAIL TO: 100 TRITON DRIVE, BOURBON, IN 46504-1801**