

# \_\_\_\_\_

# RIVERVIEW SCHOOL DISTRICT

## Education Service Center Facility Use Rental Agreement

Submit the following with the completed application:

- Processing Fee – per application: \$15.00, payable to Riverview School District.
- Required Certificate of Insurance, written with limits of \$500,000 Combined Single Limits, per occurrence, naming Riverview School District as an additional insured.

Person in Charge: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Contact: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

\_\_\_\_\_

Date(s) Needed: Start: \_\_\_\_\_ End: \_\_\_\_\_

Time(s) Needed: Start: \_\_\_\_\_ End: \_\_\_\_\_

**Please fill in the number of hours/items you are requesting below (see fee schedule for rates):**

<b>Assembly Hall Options (see list below):</b>		<b>Custodian (after shift) - number of hours needed</b>	
Event/Performance/Meetings –number of hours needed		<b>Kitchen – number of hours needed</b>	
Technician – number of hours needed		<b>Other Equipment (see list below):</b>	
Do you need the carpet tiles removed (yes/no)		A/V Equipment (yes/no)	
<b>Parking Lot (fee for cleanup if necessary)</b>		Chairs – quantity needed	
<b>Smaller Meeting Rooms - number of hours needed</b>		Tables - quantity needed	

Admin. Approval \_\_\_\_\_ Date: \_\_\_\_\_

**Total Due:** \_\_\_\_\_