Rental of School Facilities Application

*ALL CONTRACTS END JUNE 30TH UNLESS OTHERWISE
*ALL FIELDS REQUIRED

Providence Schools

Today's date: _____

Submit completed form to requested school's Principal

Requested dates(s): _____

Requested School: _____

Facility to be used**:** Auditorium ___ Gym ___ Cafeteria ___ Classroom ___ Outdoors ___ Library ___

Organization name: _____

Organization billing address: _____

Description of proposed use: _____
(Attach additional page if more room is needed)

Hours of use: _____

Please check one: Profit Organization: ___ Non Profit Organization: ___ (attach 501(c)(3) documentation)

Admission charged: $_____   Estimated attendance: _____

This section to be filled out by Providence School Department personnel only

Any cancellation in a schedule must be made by calling both the Support Services Office and the school to be used twenty four (24) hours in advance or fees will not be refunded.

Services required:	No. of Personnel	Estimated Costs	Actual Costs
Rental Fee	_____	$_____	$_____
Stationary Engineer	_____	$_____	$_____
Custodian(s)	_____	$_____	$_____
Police Officer(s)	_____	$_____	$_____
Total		$_____	$_____

<u>Groups renting space for one day events are required to pay one hundred (100%) of the cost of rental and for custodial services prior to usage. Recurring usage requires a two event security deposit prior to usage</u>**.**

I (we) having fully read the rules and regulations, agree that claims arising from Renter's usage for equipment and facilities for breakage or loss shall be met by the Renter. The Renter will hold the Providence School Department, the City of Providence, and the Providence Public Buildings Authority and any of their employees harmless to any personal injuries, liable, or any other suits arising as a result of the use of facilities by the Renter to either participants or spectators. Organizations must furnish certificates of property damage in the amount of $100,000 and general liability insurance in the amount of $2,000,000 with The Providence School Department, the City of Providence, and the Providence Public Buildings Authority as additional insured. **AT NO TIME IS ALCOHOL PERMITTED ON SCHOOL PROPERTY.**

Signature of Applicant: _____   Date: _____

Applicants address: _____   Phone Number: _____

Principal's approval: _____   Date: _____

Support Services Approval: _____   Disapproval: _____

Revised 11/13/09. Subject to PPSD School Board Policy NASB / NEPN : KF approved 9/23/71, revised 7/24/72, 12/10/81, 3/11/91, and 7/28/03.