

FREMONT CITY SCHOOLS

1220 Cedar Street – Suite A – Telephone (419-332-6454)
FREMONT, OHIO 43420-1156

**FREMONT CITY BOARD OF EDUCATION
REQUEST FOR USE OF SCHOOL FACILITY**

_____ Name of person requesting permit and personally responsible for the
conduct of all persons present, and for any damage which may result to school property.

Address _____ PHONE NUMBER WHERE YOU CAN
BE REACHED DURING DAY _____

Name of Organization _____ Number of persons attending _____

Purpose of Rental _____

Facility Requested _____ Area/Room(s) _____

Date requested (if more than one date requested – be specific as to actual time in and out of building for each
date(s):

DATE _____ Hour to Begin _____ Hour to close _____
(include set-up) (include clean-up)

DATE _____

DATE _____

Additional services required (fee charged for set-up and cleaning, etc. if requested)

Equipment required (permission for use of school equipment must be in writing from the principal of the building involved):

Special Instructions:

Prior to the Permit for Use of School Facilities is issued, please provide copy of certificate of insurance showing no less than
\$500,000 single limit of liability to include premise, operations, products and completed operations. This must be on file
with the Director of Facilities and Operations. If school is cancelled due to inclement weather, no practice/contests will be
held.

**FOR USE BY DIRECTOR OF
FACILITIES AND OPERATIONS ONLY:**

<u>FEES TO BE DETERMINED BY DIRECTOR OF FACILITIES AND OPERATIONS ONLY!</u>	
RENTAL FEE:	_____
CUSTODIAL OVERTIME:	_____
TECHNICIAN:	_____
CAFETERIA PERSONNEL	_____
OTHER:	_____
TOTAL EST.	_____

Remarks: _____

Principal/Athletic Dir. Approval: _____

Date: _____

Director of Facilities and Operations

Approval _____

Date: _____