FREMONT CITY SCHOOLS		
500 West State 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 USED TO BE REACHED <u>DURING EVENT</u>	
Email Address			
Name of Organization	Number of persons attending		
Purpose of Rental			
Facility Requested	Area/Roon	Area/Room(s)	
Date requested - if more than one date(s):	e date is requested, be specific as to	actual time in and out of building for each	
DATE	Hour to Begin: (include set-up)	Hour to Close: (include clean-up)	
DATE			
DATE			
• · ·	arged for set-up and cleaning, etc. if re		
		riting from the principal of the building involved:	
Special Instructional			

Special Instructions:

*Please note that if there is a fire alarm all students and guests must properly evacuate the premises by using the nearest appropriate exits. Please make note of the nearest exit doors upon entering the area you are utilizing. Please be prepared to follow the instructions of the administrator in charge in case of any type of emergency.

*ALL RENTERS MUST ABIDE BY COVID RELATED ORDERS BY GOVERNOR DEWINE'S OFFICE. *ALL RENTALS ARE CANCELLED IF FREMONT CITY SCHOOLS ARE CLOSED.

Prior to the Permit for Use of School Facilities, you must provide a copy of certificate of liability insurance of sufficient type (s) and amount (s) as required by the School District Treasurer. This must be on file with the Director of Facilities and Operations and must list the Fremont City School District Board of Education as an additional insured. If school is cancelled due to inclement weather, no practice/contests will be held.

Principal/Athletic Dir. Approval:_____

Date: