

P.O. Box 10,000 Montrose CO 81402 Phone: (970) 249-7726 Fax: (970) 249-7173

## **FACILITY USE APPLICATION**

| Name of Organization  |             |              |
|---|-------------|--------------|
| Activity/Event  |             |              |
|   |             |              |
| Date(s) Requested   |             |              |
| Facility Requested  |             |              |
| Hours Requested   |             |              |
| Special Requests  |             |              |
|   |             |              |
| Name of Adult Leader/Supervisor   |             |              |
| Person signing below shall be the and, as such, will be responsible "Facilities Use Agreement". | <u> </u>    | <b>U U</b> . |
|   | Name        |              |
| (Signature)   | Address     |              |
| Date signed   | Phone       |              |
|   | Email       |              |
| Principal's Approval:   |             |              |
|   | (Signature) | Date         |
| Property Services Approval:   | (Signature) |              |

## **MONTROSE COUNTY SCHOOL DISTRICT RE-IJ**

## FACILITY USE AGREEMENT

| Per the submitted/attached application,  |
|--|
| FEES:  |
| Classroom and/or Lunchroom Rental Mon-Fri Sat-Sun-Holiday # of hours (or minimum required) \$  |
| Climbing Wall Mon-Fri Sat-Sun-Holiday \$3.00/head/climber.   |
| Field Rental \$25.00 per hour  |
| *Gym Rental – Admission Charged Mon-Fri Sat-Sun-Holiday # of hours (or minimum required) \$  |
| *Tracks and Fields - Base Rental Event Rental  15% Security & Clean-Up \$  |
| ☐ Kitchens with Lunchrooms Mon-Fri Sat-Sun-Holiday<br># of hours (or minimum required) \$  |
| *If admission is charged, 5% of gate receipts will be due including a complete accounting of such within (5) working days after event. |
| Additional Charges: Custodial \$ Add'l Hours \$  |
| Specialty Equip \$   |
| Deposit (if required) \$   |
| Checks shall be made payable to: Montrose County School District RE-1J   |
| Person signing below shall be the legal agent of the organization renting the district facility and shall serve as a contact.          |
| (Signature) Date   |
| Printed Name:  |
| Address:   |
| Phone:Fax:   |