

# Pike County School Corporation

## Use of Facility Agreement Form

School/Facility Being Requested: \_\_\_\_\_  
Name of Organization: \_\_\_\_\_  
Name of Person Requesting: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # or Cell #: \_\_\_\_\_  
Date(s) to be Used: \_\_\_\_\_  
Requested Time to Use (including setup): \_\_\_\_\_  
Specific Part of School/Facility Being Requested: \_\_\_\_\_  
Equipment Requested: \_\_\_\_\_  
Custodial Services Requested: \_\_\_\_\_

### USER ACKNOWLEDGES AND AGREES TO:

1. We agree to be responsible for all damages to equipment and facility during the time we are using the facility.
2. The facility is to be left clean and in the condition that the user found the facility.
3. To the specific hours you use the facility, will be added 2 hours for opening and closing the facility.
4. No smoking or drinking is permitted on or in school facilities.
5. Pay Pike County School Corporation when billed and said custodian will be paid by the corporation
6. We understand that the school corporation's insurance doesn't insure us personally.

Person Requesting Signature and Date: \_\_\_\_\_

Building Principal Approval and Date: \_\_\_\_\_

Director of Support Services Signature and Date: \_\_\_\_\_

Building Head Custodian and Date: \_\_\_\_\_

Auditorium Director and Date: \_\_\_\_\_

Cafeteria Supervisor and Date: \_\_\_\_\_

Custodial or Maintenance Personnel Assigned: \_\_\_\_\_

Facility Rental Fee: \_\_\_\_\_

**\*\*MUST BE FILED AT CENTRAL OFFICE AND WITH KATHY KIXMILLER AT PIKE CENTRAL HS\*\***