Request For Use of School Facilities

	TO THE BOARD OF EDUCA	TION OF WASHINGT RENTAL APPLICAT		SCHOOL DISTRICT		
	MUST BE	TYPEWRITTEN - Be sure la				
Name of Applicant:				Date of Application:		
Address:				School:		
Cell Phone: Business:			Facilities will be used by:			
Type of Activitiy				Approximate Number of People:		
EMAIL AD	DRESS:					
Month	Date(s) Requested		Year	From	То	
				a.mp.m	na.mp.m.	
				a.mp.m		
				a.mp.m		
	TO BE COMPLETED BY PRINCIPA	AL OR WCSD REPRE	SENTATIVE	up	For District Use Only	
	FACILITY	Rental Fee per Hour	Hours	Total		
		<u></u>		\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				¢	¢	
		Staff Charge		Υ 	Ψ	
		-	Hours	Total		
	PERSONNEL REQUIRED	per Hour	nours	Total		
		_		\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
	TOTAL CHARGE	for facilities as desc	cribed above:	\$	\$	
[] Security has been arranged Date of Approval: Time of Approval:						
		AGREEMENT				
	Read and sign the Agreement on the SECOND	PAGE - Signature of applic	ant, principal, and c	or district administrator are required.		
APPLICANT'S NAME AND ADDRESS Name:			INSURANCE \$1,000,000.00 PRIMARY per occurrence and \$2,000,000.00 AGGREGATE LIABILITY insurance is required. "School Name' and "Washington County School District" should be listed as "Additional Insured" on a primary/non-contributory basis. Amendments, Endorsement Changes and Exclusions will void this contract.			
(Street Address)						
			Insurance Company:			
(City)) (State) (Zip)		Policy Holder:			
Signature (By typing my name in this box I am signing this form) PRINCIPAL'S RECOMMENDATION				DISTRICT ADMINISTRATOR	R'S APPROVAL	
(School Administrator's Signature)			(District Director's Signature)			
PAYMENT: Make checks payable to Washington County School District and submit all payments to				121 W. Tabernacle, St. George, UT 84770.		
	Principals should fill out Special Activites Report for al		hit to	for approval to payroll		