

TIPPECANOE SCHOOL CORPORATION
FACILITY USAGE AGREEMENT PERMIT

School /Facility Requested _____

Organization Requesting Facility _____

Date to be used _____ Building open from _____ AM/PM to _____ AM/PM

Type of activity _____

Participation fees or admission charge? Yes _____ No _____ Charge _____

What purpose will fee be used for? _____

Special equipment or service needed _____

Name of insurance company _____

You or your organization is required to provide a certificate of insurance for \$1,000,000 covering the event with this request.

Certificate of insurance attached? Yes _____ No _____ Not applicable _____

Number of persons anticipated _____ Number of TSC students _____

Number of adults _____ Number of students not TSC _____

Please read and understand the rules and regulations governing the use of facilities before signing this form *See attached*

Name of Applicant (please print)

Address (including City, State, and Zip Code)

Signature of Applicant

Date

Phone Number

Contact Person (if different from applicant)

Email Address

-FOR SCHOOL USE ONLY-

All appropriate personnel must sign off to approve the use of the facility.

Approval (Please sign)	Number of Staff Needed	Fee per hour
Athletic Dir _____	_____	NA
Auditorium Mgr _____	_____	\$25
Asst. Auditorium Mgr _____	_____	\$15
Pool Mgr _____	_____	\$25
Life Guard _____	_____	\$15
Custodian _____	_____	\$35
Food Service _____	_____	\$30
_____	_____	
_____	_____	
_____	_____	

Signature of Principal or Designee _____ Date _____
 (Signature implies approval of this request)

-FOR CENTRAL OFFICE USE ONLY-

Date application received in the office of the director of Buildings & Grounds _____

Class _____ Rental Fee _____ Personnel Fee _____ **

Estimated Total Fees _____

****Actual cost will be calculated from actual hours worked**

Certificate of Insurance required? Yes _____ No _____

Certificate of Insurance on file? Yes _____ No _____

Approved by the Director of Buildings & Grounds _____ Date _____

Date of original billing _____ Date of collection _____

Date of additional billing _____ Date of collection _____

Date of additional billing _____ Date of collection _____