



# HUBER HEIGHTS CITY SCHOOLS

## Application for Use of Facilities

200.2  
10/17

Application Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Facility Requested: \_\_\_\_\_

Room: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Bill to: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Hours: from: \_\_\_\_\_ to \_\_\_\_\_

Purpose of Activity: \_\_\_\_\_

Equipment Requested: \_\_\_\_\_

HHCS Event

Outside Event

**\*Please note:** This application and approval process must be completed by the Facilities Department **before** any HHCS facility may be used.

***(To be completed by district personnel)***

Building Level Approval: \_\_\_\_\_

Insurance Verification:  Signature: \_\_\_\_\_

Approval 1: \_\_\_\_\_ Approval 2: \_\_\_\_\_ Final Approval: \_\_\_\_\_ Denied: \_\_\_\_\_

Person responsible for scheduling: \_\_\_\_\_ Date: \_\_\_\_\_

**ESTIMATED CHARGES- Outside Events**

Facilities/Custodial Fee: \_\_\_\_\_ per hour \_\_\_\_\_ (1) Community Serving School-age children (CG)

Custodian: \_\_\_\_\_ per hour \_\_\_\_\_ (2) Non-Profit (NCG)

Supervisor: \_\_\_\_\_ per hour \_\_\_\_\_ (3) Commercial (CFP)

HHCS Sound Engineer\*: \_\_\_\_\_ per hour

Required Security: \_\_\_\_\_ per hour

Miscellaneous Fees: \_\_\_\_\_ Applicant Contacted:

*\*Required in order to use our equipment*

Final OK :  Signature: \_\_\_\_\_ Date: \_\_\_\_\_