



SOCORRO INDEPENDENT SCHOOL DISTRICT USE OF SCHOOL FACILITIES RENTAL CONTRACT

REQUIRES BOARD APPROVAL
 YES NO

REQUESTING USE OF FACILITY: _____
Name of Facility

(Please Explain Reason for Use): _____

PERSON REQUESTING USE OF FACILITY

Name _____ Date _____

Address _____ Zip _____ Phone _____

Organization for whom use of facility is requested _____

Non Profit Organization Tax ID #: _____ Request: Air Conditioning Heating

HOLD HARMLESS AGREEMENT

Name of group or Organization _____ agrees to hold harmless and indemnify the District from any and all claims, demands, suits, or any other form of liability including, but not limited to, any type of bodily injury, personal injury and/or damages to personal property that may arise out of the use of this facility.

The group or organization is responsible for all damages to District property and agree to reimburse Socorro ISD for any/all repairs.

Signature of person representing organization or group _____ Person's position in organization or group _____ Date _____

GENERAL RULES AND REGULATIONS (See GKD Regulation)

- No activity will be allowed on District facilities which involve the serving/sales/consumption/use of any type of alcohol or tobacco product.
- An organization renting District facility shall guarantee orderly behavior of any and all persons using the facility and will be liable for any properly damage due to their use of the facility and for any personal injury to any participant or spectator.
- The rental does not include use of specific District equipment or services of equipment operators. Arrangement for use of any equipment must be approved in advanced by the District. Operators of special equipment will be appointed by the District, and the cost charged to the user.
- School activities will take precedence over any reservation. In the event that a school activity conflicts with an approved rental request, the school activity will prevail.

SPECIFIC INFORMATION

Please specify the number of people who will attend the function. Describe any special arrangements desired.

REQUESTED DATE & TIME

DATE	TIME FROM	TO	ROOM REQUESTED	DATE	TIME FROM	TO	ROOM REQUESTED
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

DO NOT WRITE BELOW THIS LINE

Invoice/Receipt # _____

Rental Fee

*Custodian\$25 per hour x _____ = \$ _____
 *Security\$35 per hour x _____ = \$ _____
 *District personnel will be utilized. **Security will be required for groups in excess of 100.**
 Facility Fee \$ _____
 Other (Explanation) _____ \$ _____
TOTAL \$ _____

Fees for facility use shall be paid in full ten (10) days in advance. Ten day due date ____/____/____.
 No modification will be allowed once Use of School Facilities Rental Contract is approved.
 Cancellation Fee: 72 hour notice required. Cancellation requests received after 72 hours will be assessed a 20% cancellation fee to be reduced from any reimbursement
 *Make check payable to SOCORRO INDEPENDENT SCHOOL DISTRICT (If Applicable).

Principal _____ Date _____

Assistant Supt. for Administrative Svcs. _____ Date _____

Board Approval _____ Date _____

COPIES: Asst. Supt. for Admin. Svcs. Principal Requester Financial Services