



# WEST BOLIVAR CONSOLIDATED SCHOOL DISTRICT

P.O. BOX 189  
ROSEDALE, MS 38769

Office of the Superintendent

Telephone (662)759-3525

Fax (662)759-6795

## Application for Use of Facilities

Building \_\_\_\_\_

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

### SECTION A

Complete the sections below. The “rate” is the rental fee for the use of facility. In addition, the renter must provide adequate security, proof of insurance, and must pay school staff personnel a minimal of four (4) hours at time and a half regular hourly rate. In accordance with board policy, checks cannot be accepted to pay for use of facility (Cash or money orders only).

<u>Facility</u>	<u>Date</u>	<u>Open Time</u>	<u>Close Time</u>	<u>Rate</u>
Gymnasium	_____	_____	_____	\$250.00/\$600.00
Auditorium	_____	_____	_____	\$500.00
Cafeteria	_____	_____	_____	\$300.00
Band Hall	_____	_____	_____	\$150.00
Football Field	_____	_____	_____	\$750.00
Softball Field	_____	_____	_____	\$100.00

Note: Use of gymnasium for funeral is \$250.00. All other events will cost \$600.00.

Total \_\_\_\_\_

Give a brief description of the activity and its purpose:

SECTION B: PLEASE READ BEFORE SIGNING

Applicant understands that the event must be in compliance with all of the policies of the West Bolivar Consolidated School District, state and federal laws. Furthermore, the Trustees are authorized to make repairs to any damaged building or equipment, or replace same in the event of complete destruction or loss resulting from use of said building or equipment and to bill the undersigned for same.

Contact Person \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Organization \_\_\_\_\_

Contact Person's Signature \_\_\_\_\_

\_\_\_\_\_ FOR OFFICE USE ONLY \_\_\_\_\_

Approved \_\_\_\_\_  
Office of Child Nutrition

Approved \_\_\_\_\_  
Principal

Approved \_\_\_\_\_  
Superintendent

Approved \_\_\_\_\_  
Board

Date Approved \_\_\_\_\_