CENTER POINT-URBANA CSD

Facilities Request / Rental Application Form

NAME OF ORGANIZATION/INDIVIDUAL	
PERSON MAKING RESERVATION	
PERSON AT EVENT	
ADDRESS	
PRIMARY PHONE	
EMAIL	
TYPE OF ENTITY / ACTIVITY	

FACILITY ACCESS REQUESTED			
HIGH SCHOOL	**MIDDLE SCHOOL**	**INTERMEDIATE SCHOOL**	**PRIMARY SCHOOL**
☐ HS Gym	☐ MS Gym	☐ INT Gym	☐ PRI Gym
☐ HS Commons	☐ MS MP Room	☐ INT Multipurpose Room	☐ PRI Multipurpose Room
☐ HS Library	☐ MS Library		
OTHER FACILITY			
DATES AND TIMES FOR USE			

By signing below, the above listed organization or individual agrees to abide by the rules and CPU CSD Board Policies including Policies 905.01 and 905.01-R (1) and R(2): Community Use of School District Facilities and Equipment and to be responsible for any damage or other such unusual expenses arising from the use of district facilities. Violation of any of the Board Policies and related stipulations including providing access to school facilities to non-authorized person(s) may result in the suspension and/or revocation of access/usage to district facilities.

Additional Stipulations

1. An individual or entity must be a resident of the Center Point-Urbana CSD, at least 18 years old, and a non-student.
2. The number of facility requests will be limited on a case-by-case situation (e.g. Request to access all buildings).
3. All usage of facilities must be reserved through the Facilities Manager.
4. All Board Policies relative to tobacco, alcohol, and controlled substances will be observed.
5. Reservation does not include storing equipment without prior approval by appointed District representative.
6. Proof of appropriate liability insurance is **REQUIRED** and **ON FILE** prior to the reservation.
7. Agree to waive and hold harmless the districts, its agents, employees, and officials from all claims and/or damages that may arise by reason of any negligence or misuse on the part of the organization, entity, or individual using district facilities.

Signature of Facilities Requestor: _____ Date: _____

CPU CSD Administrative Approval: _____ Date: _____

******* DISTRICT OFFICE USE ONLY *******

☐ Proof of Liability Insurance ☐ Fob Issued on Date: _____

☐ Request Form Information Complete ☐ Fob Set To Expire on Date: _____