

**LAKWOOD LOCAL SCHOOLS
APPLICATION FOR USE OF FACILITIES
525 East Main St., P.O. Box 70 Hebron, OH 43025
740-928-5878**

Name of Group or Organization Today's Date

Name of Individual Representing Group or Organization Group #

A schedule of fees for the use of District facilities is determined annually. They are based on the group and their relationship with the Lakewood Local Schools.

- 1 - HS, MS & Elem. organizations sponsored by the Lakewood Local Board of Education.
(i.e. academic, athletic, extracurricular and approved associated booster groups.)
- 2 - Non-Profit organizations located within the District and comprised primarily of Lakewood Local School District residents.
- 3 - Non-Profit organizations located outside of the Lakewood Local School District.
- 4 - Profit-making organizations located within Lakewood Local School District.
- 5 - Profit making organizations located outside of Lakewood Local School District.
- 6 - All requests for use for personal or family events such as birthday parties, wedding receptions, family reunions, etc.

Mailing Address of Rental Party

E-Mail Address Phone #

Name of Facility Being Requested Date(s) of use (attached CALENDAR must be used with multiple dates)

Area(s) you wish to use Must be filled in Purpose of Use

Equipment Requested (Describe in detail, number of chairs, tables, ...)

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Signature of Responsible Party	Date	Approval of Principal	Date
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Approval of Athletic Director	Date	Approval of Superintendent	Date
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BUILDING USE INDEMNITY

..... (Indemnitor) agrees to indemnify and hold harmless the Lakewood Board of Education and their agents and employees from all liability, (subject of indemnity) arising out of the activities, events and occurrences related to indemnitor's use of the facilities and/or in any way connected or associated with this contract, including but not limited to the negligence or alleged negligence of the indemnitor and/or any of its participants in indemnitor's events/use of facilities.

Signature (Responsible Party Acting for the Above Named Indemnitor)	Date
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I understand I am responsible for any damage to the building or equipment and will assume full responsibility and will reimburse the Board of Education for all damages.

A COPY OF CERTIFICATE OF LIABILITY OF INSURANCE IS REQUESTED. (\$1,000,000 IN COVERAGE IS REQUIRED)

**LAKWOOD LOCAL SCHOOL DISTRICT
FACILITY USE RATES
EFFECTIVE FOR RENTALS AS OF AUGUST 1, 2021**

Location and Hourly Rate Schedule for Groups on page 1

GROUPS

	1	2	3	4	5	6
Auditorium - LHS/LMS	N/C	N/C	\$20	\$50	\$80	\$200
Auxiliary Gym - LHS	N/C	N/C	\$15	\$40	\$75	\$100
Main Gyms - LHS/LMS	N/C	N/C	\$30	\$70	\$125	\$150
Main Gym - Jackson	N/C	N/C	\$30	\$70	\$125	\$150
Main Gym - Hebron	N/C	N/C	\$30	\$70	\$125	\$150
Library - LHS	N/C	N/C	\$50	\$70	\$100	\$125
Classroom - LHS/LMS/Jackson/Hebron	N/C	N/C	\$25	\$50	\$75	\$100
Cafeteria - LHS/LMS/Jackson/Hebron	N/C	N/C	\$10	\$30	\$50	\$200
Kitchen - LHS/LMS/Jackson/Hebron	N/C	N/C	\$10	\$30	\$50	\$50
Football Stadium	N/C	N/C	\$150 \$175 Lights	\$150 \$175 Lights	\$150 \$175 Lights	\$150 \$175 Lights
Baseball/Softball Field	N/C	N/C	\$75	\$75	\$75	\$75

*Above rates apply if used during working hours of the custodial/cook staff. Use of any of the above areas when custodians/cooks are not on duty will be assessed an hourly rate of \$18.00. Rates may be adjusted by the Superintendent to accommodate a combination of the above or adjustment for extenuating circumstances.

**Auditorium/Cafetorium use under Groups 3, 4, 5, and 6 when technical assistance is required for sound room an additional \$25 per hour rate will be charged. District personnel only to be used for technical assistance.

Use of custodian(s) will be assessed with an hourly rate of \$30/hour/person. Rates may be adjusted by the Superintendent for extenuating circumstances.

Facility must be in the same or better condition upon completion of event.

Kitchen – Any time the Kitchen is rented, a Lakewood Local School Food Service person must be present.

The custodial price could change on any rental if the number of hours needed is more than what was originally estimated.

No charge will be assessed to any Groups 1 or 2, if the buildings are being used during the hours when staff is assigned to the building. This exemption to charges are good only Monday – Friday until 11:00 p.m.

If the facilities are rented when personnel is not on duty, fees will be assigned.

TIME	RENTAL COSTS			
Start _____	Building _____	Hour(s) @	\$ _____	\$ _____
End _____	Stadium _____	Hour(s) @	\$ _____	\$ _____
	Baseball/Softball Field _____	Hour(s) @	\$ _____	\$ _____
	Custodial _____	Hour(s) @	\$ _____	\$ _____
	Other _____	Hour(s) @	\$ _____	\$ _____

*This is an estimate. Total charges will be based on actual use. *TOTAL \$ _____
Actual use could result in additional billing.

~If estimated rental costs exceed \$500.00, a deposit equal to ~DEPOSIT \$ _____
one half of the total will be due at the time of application. BALANCE DUE \$ _____

