



CHAGRIN FALLS EXEMPTED VILLAGE SCHOOLS
FACILITY RENTAL APPLICATION FOR PERMIT - AUDITORIUM

Name of Organization: _____

Address: _____

Applicant Name: _____ Phone: _____

Applicant Email: _____

Event Supervisor/Designee Name: _____ Cell Phone: _____

Facility Requested: _____

If a Non-Auditorium Rental Application is also being submitted, check here: _____

Dates & Hours Requested:

Date	Start Time	End Time

Purpose of Use: _____

Number of people expected: _____

Will admission be charged? _____

Proceeds go to charity: _____ If yes, name: _____ or, for-profit entity: _____ If yes, name: _____

Will you distribute materials, display signs, or highlight products or services of any sponsors? Y / N

Will other special equipment be needed? _____ If yes, please specify: _____

Rental charges, rules, and regulations are in accordance with Board Policy.

- Applicant has reviewed Board Policy KG, KG-R-1 and KG-R-2.
- Applicant acknowledges food and beverages are not permitted in the PAC and CFIS Auditorium audience and performance (stage) areas. Requests for a reception in the lobby should be submitted under Application for Permit KG-E-3.

NORMAL RATE SCHEDULE:

(All for-profit organizations will be charged double the normal rate.)

<u>CHARGES</u>	<u>Hours</u>	<u>Normal Rate/Hour</u>	<u>Total</u>
Performance Facility Fee		\$150	
Use of the orchestra pit (per performance)		\$1,000	
Preparation/rehearsal time		\$60	

Auditorium Equipment Manager		\$65	
Custodial/Maintenance Personnel		\$41.50	
Audio/Visual Equipment (microphones)		\$25/day	
Follow Spot Light (Requires Technician)		\$25/day	
Piano		\$50 per day	
Projection Equipment		\$50 per day	
Platform Risers (available 8", 16", 24"hts)		\$10/each	
Orchestra Shell		\$200 per day	
Choir Risers		\$100 per day	
TOTAL			

A non-refundable deposit of 25% of the estimated cost is required in order to reserve a date. The remaining 75% must be paid at least 24 hours prior to the event. Failure to submit payment in advance of the date of rental will forfeit the use of the facilities on the date(s) assigned. Full payment for costs incurred beyond original estimates must be made within 30 days after the event.

Checks Payable to: *Chagrin Falls Board of Education*

_____ By initialing here, the renter agrees to defend, indemnify and hold harmless the Chagrin Falls Exempted Village School District Board of Education, its members, officers, employees, and agents from any claim, demand, suit, loss, cost of expense, or any damage which may be asserted, claimed, or recovered against the Board or by reason of any damage to property, personal injury or bodily injury, including death, sustained by any person whomsoever, including claims related in any way to exposure, transmission, or contraction of COVID-19 or other illness and which damage, injury, or death arises out of or is incident to or in any way connected with the performance of this contract and/or the group's use of the District's facilities and grounds, and regardless of which claim, demand, damage, loss, cost of expense is caused in whole or in part by the negligence of the renter, or by third parties, or by the agents, servants, employees or factors of any of them.

_____ By initialing here, the renter confirms understanding that food and beverages are not permitted in the Auditoriums.

Signature of Applicant: _____ **Date:** _____

Director of Operations and Strategic Initiatives: _____ **Date:** _____

Superintendent: _____ **Date:** _____

Copy of this application, certificate of insurance, and check for deposit must be received by the Director of Operations and Strategic Initiatives, Facilities Office, Chagrin Falls Exempted Village Schools, 400 E. Washington St., Chagrin Falls, OH 44022 prior to rental.

NOTE:

All damage to property will be the responsibility of the renting organization.

Office Use Only

Certificate of Insurance Received: _____

25% Deposit Received by: _____ Date: _____

Final Balance Received by: _____ Date: _____

Reviewed by superintendent if admission charged and/or materials distributed _____ Date: _____

Application Received by: _____ Date: _____

Signature of Chagrin Falls Ex. Village Schools Employee