

To: JAKIN ECSSU.ORG.

FACILITY RENTAL APPLICATION & AGREEMENT

TO BE COMPLETED BY THE APPLICANT:

Name of Organization: RALEIGHVERMONT.COM Space Desired: GYM
 Date(s) Needed: MAY 7, 2016 Start & End Times: 5:30-12:30p.m.
 Purpose of Rental: 5K/10K 1/2 MARATHON

PERSON RESPONSIBLE:

Name: RYANE HETZEL Address: 166 ATLANTIC DRIVE, SHELBURNE.
 Telephone: Work: _____ Home: _____ Cell: 316-7142 E-Mail: RYANE@RALEIGHVERMONT.COM

SPECIAL EQUIPMENT / SETUP (Please Circle):

Chairs and/or Tables Sound System TV/VCR Screen Overhead Projector LCD Projector

Other: _____

Please check here if serving food so that waste sorting stations will be provided

200 Number of attendees expected 20 Number of volunteers staffing event 2-3 Number of Vendors

NOTE: Vendors must be notified about sustainable waste practices, especially food ware materials and packaging

Please be specific on how you would like the space set up (attach diagram if necessary)

I would like the gym set-up w/ 8 tables for registration + post food.

Name of Insurance Company (If Group Organization): NATIONWIDE OR PRCA.

Policy Number: TBD

SIGNATURE: _____ **DATE:** 2/2/2016

PLEASE

- (1) Event Coordinator will share "Planning for Green Events" checklist with event planners & vendors. For planning help, contact afoulk@gmavt.net
- (2) Complete and return this form to the Principal'(s) designee at least 48 hours before the requested date.

DO NOT WRITE BELOW THIS LINE

The above application is APPROVED or DECLINED (reason) _____

What other groups or organizations affected? _____ How resolved? _____

The following charges apply:

Type	Hourly Rate	Hours	Total	Package Price?	Notes
Rental Use Fee(s):	\$ <u>30.00</u>	<u>7</u>	\$ <u>210</u>	\$ <u>337.30</u>	
Custodial Fee(s):	\$ _____		\$ _____	\$ _____	
Other Fee(s):	\$ _____		\$ _____	\$ _____	

Note: Hours are estimated. Significant time overruns will result in additional charges.

This Agreement serves as your invoice for the use of the Charlotte Central School facilities. If you have questions or concerns about this agreement you must contact the undersigned within 2 weeks of the approval date below. Failure to comply with the terms of this agreement will result in the loss of use privileges.

Agreed Upon Payment Plan: _____

Make checks payable to: Charlotte Central School and mail to: Attn: Martha Edwards, 408 Hinesburg Road, Charlotte, VT 05445

SIGNATURE OF PRINCIPAL OR DESIGNEE: Jane Arkin **DATE:** 2/2/16

For Office Use Only

Confirmed _____ Calendar _____ Paid _____