NORTH NEWTON SCHOOL CORPORATION

ADMINISTRATION OFFICE

310 South Lincoln Street - PO Box 8 Morocco, Indiana 47963

Phone: (219) 285-2228 Fax: (219) 285-2708

"North Newton School Corporation: Engage. Educate. Empower."

Application and Rental Agreement for Use of School Facilities

(Please type or print.)

Name of Organization: _		Description of Organization: Phone Number:					
Name of Contact Person	(s):						
Address: City, State, Zip:							
Facility Requested:	Day and Date	Time you	Time function	Time function	Estimate of To	 tal	
	of Function	will arrive	is to begin	is to end	Time Required		
Describe Event:							
Check items requested: I PA System Classroom #	_ Projector/Screen	Podium _	Café Tables #	#Tables #_	Chairs		Pool
Attendance Expected:	Admission to be	Charged?Ye	esNo Will merc	chandise/food be ava	ailable for sale?	Yes	No
I hereby certify that the orga the use of the school facilities North Newton School Corpor property loss and liability, is participant.	by our organization. The station from liability for s	he organization sha such injury. <mark>For gr</mark>	ll be responsible for any <mark>oup category B-E, a Cer</mark>	injury to a person usin tificate of Insurance Co	g said facilities and sh verage Form, with a r	all HOLD HA ninimum of \$	ARMLESS <mark>500,000 on</mark>
The North Newton School Co Evenings Events: All events if if a written request is made t the building by 4:40 p.m. (CS Facilities will not be used dur	nust conclude by 5:30 p. wo (2) days prior to the output. T). The Superintendent	m. (CST) with stud event. Sunday Even	ents out of the building l nts: All events must start	by 5:40 p.m. (CST). The t after 1:00 p.m. (CST) :	e Superintendent of Scand end by 4:30 p.m. (chools can mal CST), with st	ke an exception udents out of
By signing below, I unde	erstand and accept all	l of the above inf	formation.				
Signature of Contact Per	son:		Da	ate:			
	C	CORPORATION	DETERMINATION	N (Office Use Only)			
Group Category A: School Spon	r:A sored ECA/Support		DE ered Community C: 1	Not-for-Profit Comr	nunity D: For Profi	it E. Non-Sc	chool
Building Princi	pal:		D	ate:	Approved	Denied	
Superintendent:				Date	:		
		Below se	ection completed	by business offic	<mark>ce</mark>		
Fees:	Facility Fee	Utility	Fee	Personnel Fee	Other Fee		
Fees Received:		Date:		Certificate of Insura	nce Received:		
Director of Fina	nce:]	Date:		-