



## RICHLAND PARISH SCHOOL BOARD

### Use Request Form

Date \_\_\_\_\_

RPSB Facility Name \_\_\_\_\_

Facility Capacity per Louisiana State Fire Marshal \_\_\_\_\_

Requesting Group/Individual \_\_\_\_\_

Type/Purpose of Event/Activity \_\_\_\_\_

Estimated number in attendance (include everyone who will be in the building, workers, and performers). **CANNOT EXCEED LOUISIANA FIRE MARSHAL CAPACITY.** \_\_\_\_\_

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Contact Person \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Evening Phone Number \_\_\_\_\_

Is this event for Profit?    \_\_\_\_\_ Yes        \_\_\_\_\_ No

If yes, what is the cost of admission? \_\_\_\_\_

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Date desired (must include rehearsal and decorating dates)

Date	Times	
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____

Additional Dates	Times	
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____

Total Number of Hours Used \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

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\_\_\_\_\_ The application for use of the facility is approved, pending completion of Use Agreement with the Richland Parish School Board.

\_\_\_\_\_ The application for use of the facility is Not Approved.

\*\*\*Applicant must meet with the Designee of Superintendent to review policies\*\*\*

Designee Signature \_\_\_\_\_

Principal Signature \_\_\_\_\_

Date \_\_\_\_\_

## Use Agreement

We, the undersigned, make this formal request for permission to use the RPSB facility, \_\_\_\_\_, for the following dates and times of use. (Request must include rehearsals and decorating times.)

Date	Times
_____	From _____ To _____
_____	From _____ To _____
_____	From _____ To _____
_____	From _____ To _____
_____	From _____ To _____

Total Hours of Use: \_\_\_\_\_

### WAGES FOR EMPLOYEE OF RPSB

\*Duties cannot be performed during paid regular work hours. Employee is not eligible for swap time while performing duties. Individual employee cannot be compensated for performing more than one of the duties listed below at the same time.

Facility Fee	\$50.00 X ( ) hours less deposit	_____
Designee Fee	\$30.00 X ( ) hours of use-	_____
Janitorial Fee	\$800/\$1,850-	_____
*Total Fee		_____

**\*TOTAL FEE MUST BE SUBMITTED IN THE FORM OF CHECK OR MONEY ORDER MADE PAYABLE TO THE RICHLAND PARISH SCHOOL BOARD. ANY RETURNED CHECKS WILL RESULT IN RENTER REQUIREMENT TO SUBMIT FULL PAYMENT IN MONEY ORDER OR CASHIER CHECK PRIOR TO APPROVAL FOR FUTURE FACILITY RENTAL.**

\_\_\_\_\_ Group is Non-Profit

\_\_\_\_\_ Group is exempt from all fees

\_\_\_\_\_ Total fee amount due at time of reservation

\_\_\_\_\_ Proof of organizations/persons insurance has been provided