

OFFICE USE	
C.O.	<input type="checkbox"/>
FIELDS	<input type="checkbox"/>
HS	<input type="checkbox"/>
MS	<input type="checkbox"/>
LN	<input type="checkbox"/>
WW	<input type="checkbox"/>

West Geauga Local School District
Office of the Superintendent
Chesterland, OH 44026

APPLICATION FOR USE OF PUBLIC SCHOOL BUILDINGS

Monday through Friday all groups must vacate building premises by 10:00 p.m.

Please Print

ORGANIZATION INFORMATION

Date of Application: _____

Dates of Event: _____

Program/Event Title: _____

Organization Name: _____

Name of Person _____

In Authority: _____

Mailing Address: _____

Phone # Day: _____

Phone # Evening: _____

Start Time: _____ AM PM

End Time: _____ AM PM

Actual Time _____

Event Starts: _____ AM PM

Number of Persons to Attend: _____

Gymnasiums

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> HS WEST (#501) | <input type="checkbox"/> MS Main |
| <input type="checkbox"/> HS EAST (#502) | <input type="checkbox"/> MS Auxiliary |
| <input type="checkbox"/> WW | <input type="checkbox"/> LN |

Cafeteria

- HS MS WW LN

Kitchen (supervision required)

- HS MS WW LN

Classrooms

- | | |
|--|--|
| <input type="checkbox"/> HS Room # _____ | <input type="checkbox"/> WW Room # _____ |
| _____ | _____ |
| <input type="checkbox"/> MS Room # _____ | <input type="checkbox"/> LN Room # _____ |
| _____ | _____ |

Athletic Fields - North Practice Fields

- #6 #7 #8 #9

Baseball / Softball / Soccer / Stadium Fields

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> BaseB - #2 | <input type="checkbox"/> SoftB - #3 | <input type="checkbox"/> SoftB - #4 |
| <input type="checkbox"/> Howell Stadium - #1 | <input type="checkbox"/> WW Baseball Fields | |
| <input type="checkbox"/> Lions Field - #5 | <input type="checkbox"/> WW Soccer Field | |
| <input type="checkbox"/> Utility Practice Field - #10 | <input type="checkbox"/> LN Soccer Field | |
| <input type="checkbox"/> Tennis Courts | <input type="checkbox"/> LN Baseball Fields | |

Middle School Community Room

Central Office Supt. Conference Room

Please have available for use during our meeting the following:

- | | | |
|--|---|---|
| <input type="checkbox"/> Podium | <input type="checkbox"/> Microphone | <input type="checkbox"/> Chairs # _____ |
| <input type="checkbox"/> Garbage Cans | <input type="checkbox"/> Bleachers pulled | <input type="checkbox"/> Tables # _____ |
| <input type="checkbox"/> Seniors/Disabled - floor seating required | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Overhead Projector |

I will be serving refreshments: Yes No

I am a representative of a: Non-Profit Organization For-Profit Organization

REQUESTOR COMMENTS: _____

BOE COMMENTS: Fee \$ _____ Payment Due Upon Billing

CUSTODIAL COMMENTS _____

If permission is granted, we hereby agree to comply strictly with the rules and regulations of the Board of Education governing the use of public school buildings as set forth in the regulations attached hereto. Proper ADULT supervision is required at all times.

Signature of Person in Authority: _____ Date: _____

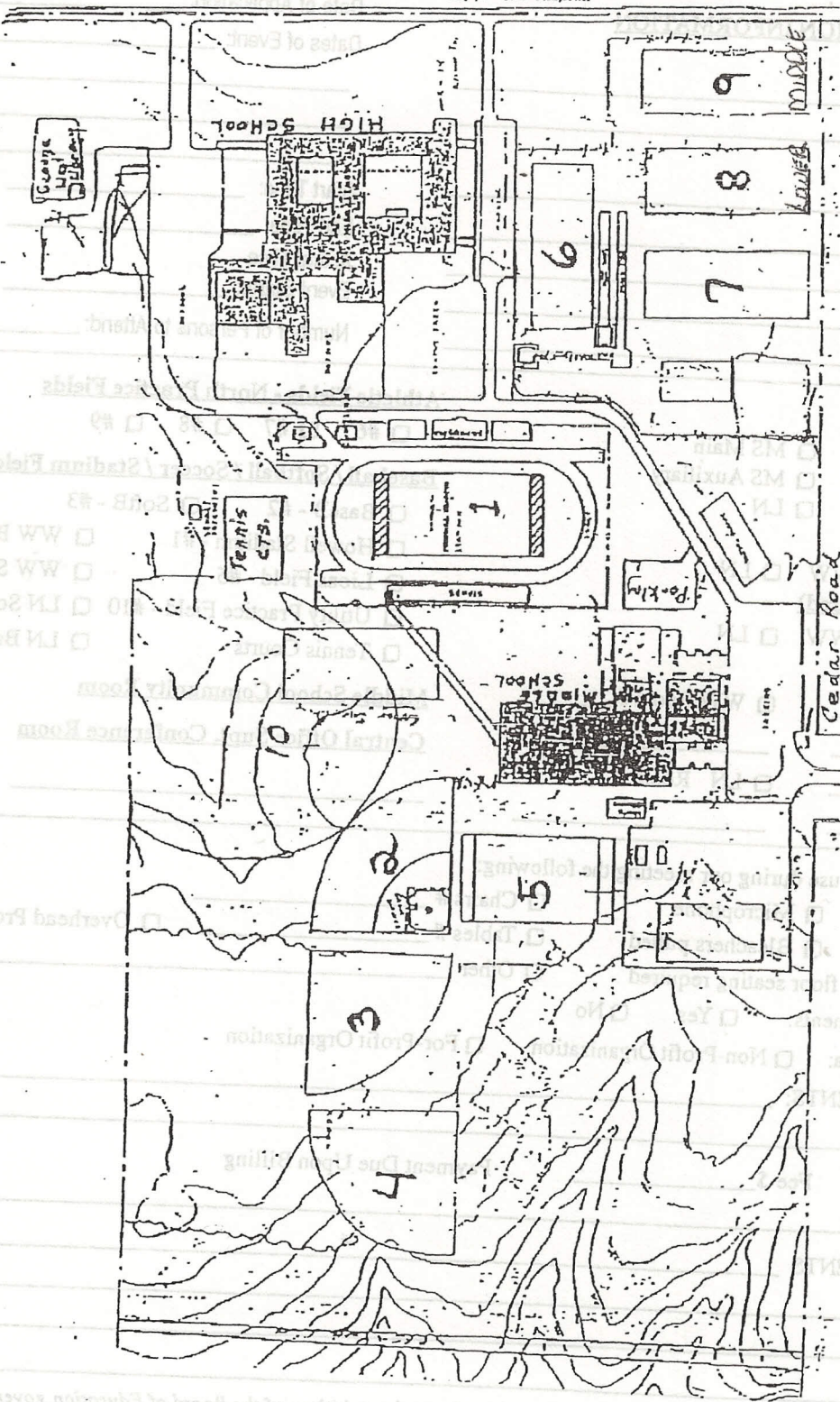
Signature of BOE Representative _____ Date: _____

FIELDS MAP ON REVERSE

OFFICER	
CO	
PL	
MS	
MS	
MS	
MS	
MS	
MS	

West Georgia Local School District
 Office of the Superintendent
 Chestland, OH 44026

APPLICATION FOR USE OF PUBLIC SCHOOL BUILDINGS
 Monday through Friday 8:00 AM - 4:00 PM
 RT. 306



HIGH SCHOOL AND MIDDLE SCHOOL ATHLETIC FIELDS

AM PM
 AM PM
 AM PM

- MS West (301)
- MS East (302)
- WW
- Cafeteria
- HS
- Kitchen (separate room)
- HS
- HS
- HS
- MS
- MS

REQUESTOR COMMENT:
 BOB COMMENTS:
 I am a representative of a Non Profit organization
 I will be serving refreshments
 Senior assisted - first scan
 Organisms
 Forum
 Please have a table for us
 MS Room
 HS Room
 Classrooms
 Kitchen (separate room)
 HS
 Cafeteria
 WW
 HS WEST (301)
 HS EAST (302)

Signature of BOE Representative _____
 Date: _____
 Signature of Person in Authority _____
 Date: _____
 If permission is granted, we hereby agree to comply strictly with the rules and regulations of the Board of Education governing the use of public school buildings as set forth in the regulations attached hereto. Proper ADULT supervision is required at all times.

FIELDS MAP ON REVERSE

WAIVER OF LIABILITY AND ASSUMPTION OF ALL RISK

In consideration of being allowed to participate in the following:

I voluntarily assume all risks of accidents or injury and agree to release, indemnify and hold harmless the West Geauga Local School District, its Board of Education, officers, agents and employees from any and all liability for injury or damage, legal and other expenses, and costs of suit brought by any person, firm or entity sustained in connection with this activity.

Name: _____

Signature: _____

Date: _____