



# Medina City Schools - Request for Use of School Facilities

Today's Date: \_\_\_\_\_ Requested By: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Your Group / Organization / Team: \_\_\_\_\_

Date(s) of your activity: \_\_\_\_\_

Setup Start Time

Beginning Time of Activity

Ending Time of Activity

Specific Building / Room / Facility / Area Requested

Why You Will be Using This Facility

**Special Equipment, Requests or Instructions: Tables / Chairs / Technology / Est. Capacity / Entry Door #, etc.**

**Note: A Certificate of Insurance must be submitted prior to your event once approved.**

Insurance is required for building rentals. The renting organization must provide a public liability policy of not less than Bodily Injury \$1,000,000 each occurrence, \$2,000,000 aggregate, and Property Damage \$1,000,000 each occurrence, \$1,000,000 aggregate. A Certificate of Insurance is to be issued to the Medina City Schools Board of Education with the Board named as an additional insured. The Certificate of Insurance must provide for a 10-day cancellation to the Board. The Director of Business Affairs must approve exceptions to the requirement.

In the event there are rental charges, who do we bill? Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**SIGNATURES:**

Renter's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

**Approximate Rental Fees**

Facility Rental: \$ \_\_\_\_\_

Staffing: \$ \_\_\_\_\_

Special Equipment: \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

**Event Schedule Checklist**

On Calendar: \_\_\_\_\_

Copies Made: \_\_\_\_\_

Contract Needed: \_\_\_\_\_

Certificate of Insurance: \_\_\_\_\_

Renter's Signature of Acceptance of Fees: \_\_\_\_\_ Date: \_\_\_\_\_

**EL / MS Admin:** If fees are to be assigned, please email your signed copy to the Business Office: [crewj@medinabees.org](mailto:crewj@medinabees.org). The Director of Business Affairs will review the fees, sign if applicable, and return a copy to you. **MHS fees** will be assigned and reviewed by MHS Admin. Please forward a copy to your requester. An invoice will be sent after the event. If the event would need to be canceled: **EL / MS** please inform the Business Office at [crewj@medinabees.org](mailto:crewj@medinabees.org) or **MHS** please inform [platzk@medinabees.org](mailto:platzk@medinabees.org).