

SCHOOL DISTRICT OF THORP CONTRACT FOR USE OF SCHOOL FACILITY

Name of group _____

Individual(s) in charge when using facilities _____

Address _____

Telephone Number _____ Type of Activity _____

Admission fee charged? _____ Yes _____ No

Activity is: _____ For profit _____ Non-profit

Approximate number in the group using the facilities _____

% of participants who are residents of the Thorp School District _____

Rooms/area requested for use _____

Dates of use _____

Time of use: From _____ To _____

Dated this _____ day of _____, 20_____

Signed _____

DATA BELOW TO BE COMPLETED BY DISTRICT ADMINISTRATOR OR DESIGNEE

Fees: Rental \$_____ Custodian \$_____ Cook \$_____

Supervisor \$_____ Other \$_____ Total \$_____

Keys checked out? _____ Yes _____ No Identification # _____

Room assignment _____

Approval _____

Dated this _____ day of _____, 20_____

	Comp Lab	Gym	Kitchen	MPR	Classroom	El Com
Non-profit from district	\$15	\$25	\$15	\$15	\$15	\$15
No donation or admission charged	**(\$5)	**(\$10)	**(\$5)	**(\$5)	**(\$5)	**(\$5)

Profit from district	\$50	\$50	\$50	\$50	\$25	\$50
Non-profit:(District)Admission or fee.	**(\$15)	**(\$15)	**(\$15)	**(\$15)	**(\$7.50)	**(\$15)
Non-profit: (Out-of-district)						
User from outside district for profit.	\$100 **(\$30)	\$100 **(\$30)	\$100 **(\$30)	\$100 **(\$30)	\$50 **(\$15)	\$100 **(\$30)

**Hourly rate after 4 hours.