Montrose County School District

P.O. BOX 10,000 MONTROSE, CO 81402
PHONE (970) 249-7726
FAX (970) 249-7173

File: KF-E

FACILITY USE APPLICATION
(Please submit to office of facility requested)

Name of Organization _____

Activity/Event _____

Date(s) Requested _____

Facility Requested _____

Hours Requested _____

Special Requests _____

Name of Adult Leader/Supervisor _____

The person signing below shall be the legal agent of the above-named organization/group and, as such, will be responsible for compliance with all of the conditions of the "Facilities Use Agreement".

_____ Name _____
(Signature)

Address _____

Date signed_____ Phone _____

Email _____

Principal/Administrator Approval: _____ _____
(Signature) *Date*

MONTROSE COUNTY SCHOOL DISTRICT RE-IJ

FACILITY USE AGREEMENT

Per the submitted/attached application,_____, has entered into this agreement for the rental of a district facility. **By signing this agreement, the legal agent of such organization/group certifies that they have read and understands the Facility Use - Policy and Standards, and hereby agrees to all of the facility use conditions and regulations and any waivers contained therein.** A certificate of insurance for General Liability Insurance and Worker's Compensation Insurance shall be faxed or mailed directly from the insured's agent or insurance company to the MCSD - Property Services Dept.: PO Box 10,000 Montrose CO 81402, Fax: (970) 240-6481. Certificate shall name the Montrose County School District RE-1J as an additionally insured and provide limits. Payments shall be mailed to this same address.

FEES:

☐ Classroom and/or Lunchroom Rental
Mon-Fri _____ Sat-Sun-Holiday_____
_____# of hours (or minimum required) $_____

☐ Climbing Wall
Mon-Fri _____ Sat-Sun-Holiday_____
$3.00/head/climber.

☐ *Gym Rental – Admission Charged
Mon-Fri _____ Sat-Sun-Holiday_____
_____# of hours (or minimum required)

☐ *Tracks and Fields Base Rental-$25.00/per hour
Mon-Fri _____ Sat-Sun-Holiday _____
$_____
_____15% Security & Clean-Up

☐ Kitchens with Lunchrooms
Mon-Fri_____ Sat-Sun-Holiday _____
$_____
_____# of hours (or minimum required)

*If admission is charged, 5% of gate receipts will be due including a complete accounting of such within (5) working days after the event.

☐ Additional Charges:
Custodial $_____ Add'l Hours $_____

☐ Specialty Equip $_____

☐ Deposit *(if required)* $_____

Checks shall be made payable to: Montrose County School District RE-1J

Person signing below shall be the legal agent of the organization renting the district facility and shall serve as a contact.

_____ _____
(Signature) *Date*

Printed Name: _____

Address: _____

*Phone:*_____*Fax:*_____

(January 2022)
(Revised March 2024)