BUILDING USAGE REQUEST FORM

1101 West Liberty Street, Medina, Ohio 44256
Phone: (330) 725-8461 or (866) 896-6222

Date(s) of Activity / Meeting: _____ **Room Requested:** _____

Time Room is Requested: _____ **to** _____ **Actual Start Time:** _____

Nature of Activity / Meeting: _____ **Expected Participants in Attendance:** _____

Equipment/Technology Needed: _____

Instructions for Facility Set Up: (Including chairs, tables, podium, audio visual): _____

_____

Catering Requirements: _____

☐ **Chef and Restaurant Management** ☐ **American Foods** ☐ **Culinary Services**

Name of Organization: _____ **Person Making Request:** _____

Email Address: _____ **Phone:** _____

Person in Charge (if different): _____ **Phone:** _____

Mailing Address: _____

I AGREE TO THE FOLLOWING SCHOOL REGULATIONS:

1. The person applying for the request will assume responsibility for maintaining order and will make restitution for all losses and damages occurring during the use of facilities, and further agrees that said organization will indemnify, save and hold harmless the Board, its agents and employees, from all losses, claims, actions, or proceedings of every kind and character which may be presented or initiated to recover money, property, or damages for any injuries to persons, or injurious results, or any damages to property suffered during the conduct or course of the group's use of school facilities and/or property and arising directly or indirectly from such use.
2. **SMOKING IS NOT PERMITTED ON SCHOOL GROUNDS.**
3. Food and/or beverages must be provided through the Career Center or American Foods. None may be brought on the premises by groups using the facility. **NO ALCOHOLIC BEVERAGES** are permitted on campus.
4. All decorations and movement of school furniture must have prior approval of the Building Coordinator.
5. Doors will be unlocked one half-hour prior to the time of the event; deadline for cleaning up and leaving the building is 10:30 p.m.
6. A check payable to the Medina County Career Center, JVSD for the total fee shall be forwarded to the Treasurer upon receiving an invoice. When food is requested, a deposit may be required.
7. **If you find it necessary to cancel your scheduled event, you must contact the Career Center's Building Coordinator at the above number between the hours of 8:00 a.m. and 4:00 p.m. You must cancel this event no later than three days prior to the event or you will be billed for costs listed on the building usage form.**
8. Applicant will provide the Career Center with a certificate of liability insurance and name Medina County Career Center as an additional insured.

Signature of Applicant	Date	Signature of Building Coordinator	Date
_____	_____	_____	_____

The parties agree that the electronic or typed signatures appearing on this form are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.

RETURN REQUEST FORM TO THE TREASURER'S OFFICE (KHewit@mcjvs.edu)
ORIGINATOR WILL BE CONTACTED AFTER THE REQUEST HAS BEEN PROCESSED.

FOR SCHOOL USE ONLY

USER FEES	**NO. HRS.**		**COST**	**TOTAL**
Custodial	_____	at	$ _____	$ 0
Facility	_____	at	$ _____	$ 0

Total Fee to be Remitted: $_____*

**If additional custodial time is required, it will be reflected in billing.*

Administrative Approval: _____ Approved _____ Denied