

Request is:

Tentative* _____

Confirmed _____

Canceled _____

Certificate of Liability _____

**If this is a tentative request, you have 10 days to confirm or your reservation will be cancelled.*

**FACILITY USE REQUEST
CAPE GIRARDEAU PUBLIC SCHOOLS #63**

Please return original to:
Facility Principal
Cape Girardeau, MO 63701
(573) 335-1867
Fax # (573) 335-1820

Date Facility Needed _____	Day of the Week _____
Group/Sponsor _____	
Brief Description of the Requested Facility Use _____	
Use Start Time _____	Use End Time _____
If time requested is for a regular weekly/monthly time, please describe _____	
Location Being Requested _____	Room _____
Rain Plan/Alternate Site _____	Estimated Attendance _____
Primary Contact Person Name _____ Phone _____ Address _____	Secondary Contact Person Name _____ Phone _____ Address _____
Will your group need access to the building to decorate or set-up before the time/day of the use? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? _____	
Admission standards for the event: <input type="checkbox"/> Ticket Required <input type="checkbox"/> Invitation Only <input type="checkbox"/> Open to the Public	
Do you anticipate guests with special needs/physical challenges? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe _____	
Will food be served? <i>Special permission required</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe _____	
Is special room set up required? <i>Separate charge may apply</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe _____	

Will there be a need for custodial services after the event? <i>Separate charge may apply</i>	_____ Yes	_____ No
If yes, please describe _____		
Will equipment be delivered / picked up?	_____ Yes	_____ No
If yes, please describe _____		
Is audio/visual equipment needed? <i>Separate charge may apply</i>	_____ Yes	_____ No
If yes, please describe _____		

GENERAL CONDITIONS FOR FACILITY USE

User agrees that the property and facilities of _____ (facility herein shall be defined as the portion of the property wherein the event is being held as well as any other parts of the campus being utilized by the group including, but not limited to, parking lots, fields, sidewalks, hallways and restrooms) shall be used only for purposes that conform to, and in a manner consistent with, federal, state and local law and the policies and procedures of the institution and only for the purposes as described herein.

1. User agrees to abide by all fire, safety, traffic and parking, and public safety requirements of the institution.
2. Smoking is not permitted in any facility.
3. The sale, consumption or possession of alcoholic beverages shall not be permitted on the premises at any time. Nor shall any person who is in a drunken or intoxicated condition, or who is under the influence of liquor, be permitted on the premises. The primary contact person above will be held responsible for the enforcement of this rule.
4. The use of profane language or gambling in any form is not permitted in any facility.
5. No use of equipment shall be granted unless an instructor or attendant, approved by the institution, is in charge of the rooms or equipment.
6. User agrees to be responsible for any damages to any facilities and/or property or injury to the other persons caused by persons using the facility under this Agreement.
7. User agrees to indemnify, defend and hold harmless **Cape Girardeau Public Schools**, its board, administrators, employees, agents and volunteers from any and all claims, suits, actions and liability arising or alleging to arise out of injuries or damages sustained by any person as a result of the use of the facility under the Agreement, notwithstanding the negligence of the institution, its board, administrators, employees, agents or volunteers.
8. User agrees to provide proof of comprehensive general liability insurance of not less than \$1,000,000 per occurrence (with the exception of contact sports which require \$2,000,000 per occurrence) which names the **Cape Girardeau Public School District** as an **additional insured**. The institution reserves the right to cancel this Agreement if such proof of insurance is not provided at least two weeks prior to the scheduled use and maintained throughout the use. In the event acceptable proof of insurance cannot be provided by the user, the institution can arrange for the procurement of Special Event insurance, if needed, by going to www.musicprogram.org then going to Coverage Requests - Special Events Coverage. By clicking on the application for coverage, you are then directed to the TULIP program and can receive a quote for your event. Questions can be directed to the Arthur J. Gallagher Risk Management Services, our insurance administrator at musicprogram@ajg.com for the MUSIC Team.
9. Failure to abide by the terms of the Agreement may result in the immediate termination of the Agreement by the institution.
10. This Agreement may be modified only by the written agreement of the User and the institution.

Rental Charge _____	Estimated Other Fees _____
CFO Approval _____	Date Approved _____

1. Fees must be paid at the time reservations are confirmed. If M.U.S.I.C Special Event coverage is purchased payment is to be made by check payable to M.U.S.I.C.
2. Cancellations are up to one week prior to the facility use. A full refund will be unless the institution has incurred costs in preparation for the use. Any refund would be reduced by those costs. No refunds will be made for cancellations received less than one week prior to use.
3. The institution reserves the right to cancel this reservation if, in its sole discretion, it has reason to believe that the facility use will conflict with the General Conditions above. The institution also reserves the right to change reservations to the other rooms with the understanding that, if possible, comparable facilities will be provided.
4. Users of the facility will abide by the General Conditions.

Signature of Primary Contact Person

Date

Signature of Building Director/Principal

Date