**POLICY TITLE: Facilities Use Agreement**

**POLICY NUMBER: 7007**

This agreement covers the use of the building, commonly known as the Newberry Community Center, front fenced lawn area, and the adjacent parking only.

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| --- |
| Group Name: |

**Primary Responsible:**

|  |  |  |
| --- | --- | --- |
| Name: |  | Title: |
| Address: |  |  |
| Phone: | Text: Yes/No | Email: |

**Backup Responsible:**

|  |  |  |
| --- | --- | --- |
| Name: |  | Title: |
| Address: |  |  |
| Phone: | Text: Yes/No | Email: |

**Dates and Times:**

|  |  |
| --- | --- |
| Date(s) requested: | Day(s) of the week: |
| Usage Start Time: AM/PM | Usage End Time: AM/PM |
| Title of event/meeting: |  |

|  |  |
| --- | --- |
| Estimated attendance: | Is the event/meeting open to the public? Yes/No (Circle One) |
| Description of activity: | | |
|  | | |

Will food and/or beverages be served? Yes/No (Circle One) **Note: No Alcoholic Beverages Allowed**

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| If yes, what kitchen facilities/equipment will be used? |
|  |

Will any equipment or devices be brought onto the premises for use? Yes/No (Circle One)

(i.e.: Sound systems, bounce houses, slides, food vendors, additional cooking equipment or appliances)

|  |
| --- |
| If yes, describe: |
| Additional requests: |
|  |

**Usage Rules:**

Building use rules are covered in NCSD Policy No. 7006 which is hereby incorporated into the agreement by reference.

**POLICY NUMBER: 7007**

**Usage Fee Schedule:**

|  |  |  |  |
| --- | --- | --- | --- |
| Event/Meeting – Use Fee Schedule/Receipt of Funds | | | |
| **Description** | **Quantity** | **Rate (Per 8 Hour Period)** | **Extended Costs** |
| Building Use Fee:  Park Use Fee |  | $100.00  $750.00 | $  $ |
| Use Deposit: |  | $80.00 | $ |
| Special Equipment Utility Surcharge: |  | $30.00 | $ |
| Cash or Check (Circle One)  Due 30 Days Prior to Event |  | Total | $ |
| Check No. |  | Total Fee Collected | $ |
| Please make checks to: Newberry CSD. This schedule shall act as a receipt of funds.  NOTICE: IF PAYING BY CHECK, REFUND OF DEPOSIT WILL BE DELAYED UNTIL FUNDS HAVE CLEARED AND COLLECTED BY THE NCSD BANK. COSTS FOR RETURNED CHECKS WILL BE RECOVERED FROM THE USE DEPOSIT. | | | |

The Applicant(s) certifies that the information presented herein is true and accurate to the best of their knowledge and they are authorized to enter agreements on behalf of themselves or the group they are representing. The applicant acknowledges receipt of NCSD Policy No. 7006, attests to understanding the policy, and agrees to comply with the policy as a condition of building usage.

|  |  |  |  |
| --- | --- | --- | --- |
| Primary Responsible: |  |  |  |
|  | (Printed) | (Signature) | (Date) |
| Backup Responsible: |  |  |  |
| (Groups Only) | (Printed) | (Signature) | (Date) |
| NCSD Representative: |  |  |  |
| (Required) | (Printed) | (Signature) | (Date) |

*Revised, Approved and Adopted: September 27, 2022*

*Revised, Approved and Adopted April 22, 2014*