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.

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**

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:
Public Event/Meeting Fees – No charge for groups and individuals conducting non-commercial public events/meetings.

Private Event/Meeting – Use Fee Schedule/Receipt of Funds

Description	Quantity	Rate (Per 8 Hour Period)	Extended Costs
Building Use Fee:		$100.00	$
Use Deposit:		$80.00	$
Special Equipment Utility Surcharge:		$30.00	$
		Total	$

Cash or Check (Circle One)

Total Fee Collected $

Check No.

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