

FACILITY RENTAL AGREEMENT

LESSEE NAME AND ADDRESS:		LESSOR: GREEN BAY AREA PUBLIC SCHOOL DISTRICT FACILITIES DEPARTMENT P.O. BOX 23387 GREEN BAY, WI 54305	
BILL TO NAME AND ADDRESS:		LESSEE CONTACT PERSON:	
		CONTACT PERSON TELEPHONE:	
SCHOOL:	DATE OF USE:	ESTIMATED ATTENDANCE:	
TIME BUILDING IS TO BE OPEN FROM: TO:	TIME OF PROGRAM: FROM: TO:	SCHOOL AUTHORIZATION:	
AREA(S) TO BE USED:			
PURPOSE OF USE:			
IS THIS A FUND RAISING EVENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		WILL ADMISSION BE CHARGED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
CHECK ONE NOT FOR PROFIT GROUP <input type="checkbox"/> FOR PROFIT GROUP <input type="checkbox"/>		DO YOU NEED TO USE THE KITCHEN? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE COMPLETE KITCHEN RENTAL AGREEMENT FORM.	
WILL YOU BE SERVING FOOD OR BEVERAGE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
FOR COMPUTER LAB USE, PLEASE ANSWER THE FOLLOWING QUESTIONS:			
HOW MANY PCS WILL YOU NEED?		WHAT SOFTWARE WILL YOU NEED?	
WILL YOUR STUDENTS NEED ACCESS TO THE INTERNET? YES <input type="checkbox"/> NO <input type="checkbox"/>			
WILL YOUR STUDENTS BE SAVING DOCUMENTS AND/OR MULTIMEDIA TO OUR NETWORK? YES <input type="checkbox"/> NO <input type="checkbox"/>			
SPECIAL INSTRUCTIONS: A CERTIFICATE OF INSURANCE MUST BE ATTACHED TO THE AGREEMENT. (SEE INSURANCE ADDENDUM)			
Additional Information:			
The lessee shall indemnify and hold harmless the Lessor from any and all claims or demands arising out of the Lessee's use of the premises (as described in this rental agreement) or the ways adjoining, and at the Lessee's cost and expense shall defend and protect the Lessor against any and all such claims or demands.			
THE LESSEE HAS READ, UNDERSTANDS, AND AGREES TO ALL OF THE CONDITIONS SET FORTH IN THE AGREEMENT AND THE FOLLOWING ADDENDA: 1. CONDITIONS OF USE 2. INSURANCE REQUIREMENTS 3. RENTAL RATE SCHEDULE			
_____ LESSEE SIGNATURE		_____ GREEN BAY AREA PUBLIC SCHOOL DISTRICT	
_____ DATE		_____ DATE	