

APPLICATION FOR FACILITY USE

For dates after 8/31/2023

DESCRIPTION OF EVENT (e.g. Boys-8 BB Practice, Association Meeting, etc.) (Required):					ORGANIZATION NAME:			
APPLICANT OR CONTACT NAME (Required):					STREET ADDRESS:			
STREET ADDRESS (Required):					CITY: STATE: ZIP:			
CITY (Required): STATE (Required): ZIP (Re			ZIP (R	equired):	PHONE:			
PHONE 1:		□ cell	□house	work	EMAIL:			
PHONE 2:		🗌 cell	☐ house	work				
EMAIL (Required):					NAME & TITLE of ORGANIZATION REPRESENTATIVE (such as President, Treasurer):			
ALTERNATE CONTACT NAME:					IS THE ORGANIZATION PAYING THE ECASD FEES FOR THESE EVENTS? Yes No			
ALTERNATE'S PHONE:			🗌 house	work	IS THE ORGANIZATION PROVIDING LIABILITY INSURANCE COVERAGE? Yes No			
ALTERNATE'S EMAIL:					Signature of AUTHORIZED Organization Representative			
SITE/BUILDING R	REQUESTED (Required):				DAY(S) OF WEEK REQUESTED:			
ALTERNATE SITI	E(S):				DATES OF USE: (each INDIVIDUAL date MUST be listed—no date ranges):			
ROOMS/AREAS	REQUESTED (Required):							
			N.					
START TIME (Required): END TIME (Required):			1):					
NUMBER ATTEN	DING (Required):							
DESCRIBE the T	YPE OF ACTIVITY (Required)	1):						
DOES THIS REQUEST INCLUDE/INVOLVE ANIMALS (Required)? Yes No					SPECIAL SET UP REQUESTS (other than for Auditorium or Kitchen):			
DO YOU WANT T	O SERVE FOOD AT YOUR	EVENT(S) (Required)	Yes	No				
	I Claire City/County Healt							
			ia regulati		NOTE: Basketball hoops may only be adjusted by Buildings & Grounds staff.			
The k	If KITCHEN is requested, you MUST SUBMIT a KITCHEN FORM. The KITCHEN FORM can be found on the Facility Use/Rental webpage: www.ecasd.us/Departments/Buildings-and-Grounds/Facility-Use-Rental							
If AUDITORIUM is requested, you MUST SUBMIT an AUDITORIUM FORM. The AUDITORIUM FORM can be found on the Facility Use/Rental webpage: www.ecasd.us/D					ecasd.us/Departments/Buildings-and-Grounds/Facility-Use-Rental			
DO YOU HAVE	A W9 ON FILE WITH EC							
The W9 form can be found on the Facility Use/Rental webpage: <u>www.ecasd.us/Depa</u>					OR BILLING PURPOSES IS REQUIRED TO BE ON FILE FOR ALL APPLICANTS.			
INDIVIDUALS: ORGANIZATION								
INDIVI	,		e: <u>www.ec</u>	asd.us/Dep	artments/Buildings-and-Grounds/Facility-Use-Rental.			
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ECASD APPLICATION FOR FACILITY USE—page 2

Contractor (below) agrees to defend, indemnify, and hold harmless District, its school board, administration, employees and volunteers, individually and collectively, from and against all costs, losses, claims, actions, attorney fees, and judgments arising from personal injuries, property damage, or otherwise, that may arise from or alleged to be caused by Contractor's negligence as a result of Contractor's use or occupancy District's land, facilities, or equipment. The Contractor agrees to provide, upon request, a certificate of insurance for liability coverage satisfactory to the District that names the District as an additional insured on said liability policy.

The District agrees to defend, indemnify, and hold harmless the User, its board, agents, employees and volunteers, individually and collectively, from and against all costs, losses, claims, actions, and judgments arising from personal injuries, property damage, or otherwise, that may arise from or alleged to be caused by District's negligence as a result of the User's use or occupancy of the District's land, facilities, or equipment while providing Services except if such cost, loss claim action or judgment is caused by the negligence of User.

I have read and understand the Eau Claire Area School District Facility Rental Conditions of Use and the Eau Claire Area School District Fee Schedule and agree to abide by them. I agree to pay all applicable rental rates and other charges incurred for this rental.

SIGNING THIS FORM ELECTRONICALLY IS DEEMED TO BE A SIGNATURE ACCEPTING THE TERMS AND CONDITIONS OF FACILITY USE/RENTAL.

SIGNATURES (REQUIRED)

NAME OF ORGANIZATION/CONTRACTOR		
PRINTED NAME OF AUTHORIZED ORGANIZATION REPRESENTATIVE:	TITLE OF AUTHORIZED ORC	GANIZATION REPRESENTATIVE:
SIGNATURE of AUTHORIZED ORGANIZATION REPRESENTATIVE:		DATE SIGNED:

PRINTED NAME OF AUTHORIZED ECASD REPRESENTATIVE:	TITLE OF AUTHORIZED ECA	SD REPRESENTATIVE:
SIGNATURE OF AUTHORIZED ECASD REPRESENTATIVE:		DATE SIGNED:

The Fee Schedule and Conditions of Use can be viewed at: www.ecasd.us/Departments/Buildings-and-Grounds/Facility-Use-Rental.

THE FOLLOWING ITEMS MUST BE SUBMITTED:

- APPLICATION FEE An Annual Application/User fee must be paid before an application can be processed. Fee is based upon the amount of use per year. See the Fee Schedule for fee amount.
- W9 FORM (this is required only for first time applicants). Applications will not be processed without a current W9 on file.
- REQUIRED LIABILITY INSURANCE COVERAGE (must be provided to the Buildings & Grounds Office at least five (5) business days prior to earliest event date).

FORMS CAN BE SUBMITTED IN THE FOLLOWING WAYS:

- Email to: facilityuse@ecasd.us
- <u>Fax to</u>: 715-852-3154
- Drop off at: ECASD Service Center, 623 N Hastings Way, Eau Claire (next to U-Haul)
- <u>US Mail to:</u> ECASD Service Center, 623 N Hastings Way, Eau Claire, WI 54703

Terms of this agreement are subject to District Discretion.

EAU CLAIRE AREA SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER