



APPLICATION FOR FACILITY USE

For dates after 6/30/2021

Service Center
623 N Hastings Way,
Eau Claire, WI 54703
Fax 715-852-3154

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 (Required):	PHONE:
PHONE 1:	<input type="checkbox"/> cell <input type="checkbox"/> house <input type="checkbox"/> work	EMAIL:	
PHONE 2:	<input type="checkbox"/> cell <input type="checkbox"/> house <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>	
ALTERNATE'S PHONE:		IS THE ORGANIZATION PROVIDING LIABILITY INSURANCE COVERAGE? Yes <input type="checkbox"/> No <input type="checkbox"/>	
ALTERNATE'S EMAIL:		_____ Signature of AUTHORIZED Organization Representative	
SITE/BUILDING REQUESTED (Required):		DAY(S) OF WEEK REQUESTED:	
ALTERNATE SITE(S):		DATES OF USE: (each INDIVIDUAL date MUST be listed—no date ranges):	
ROOMS/AREAS REQUESTED (Required):			
START TIME (Required):	END TIME (Required):		
NUMBER ATTENDING (Required):			
DESCRIBE the TYPE OF ACTIVITY (Required):			
DOES THIS REQUEST INCLUDE/INVOLVE ANIMALS (Required)? Yes <input type="checkbox"/> No <input type="checkbox"/>		SPECIAL SET UP REQUESTS (other than for Auditorium or Kitchen):	
DO YOU WANT TO SERVE FOOD AT YOUR EVENT(S) (Required)? Yes <input type="checkbox"/> No <input type="checkbox"/> Contact the Eau Claire City/County Health Dept to determine if you need a permit.		NOTE: Basketball hoops may only be adjusted by Buildings & Grounds staff.	
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/Departments/Buildings-and-Grounds/Facility-Use-Rental			
DO YOU HAVE A W9 ON FILE WITH ECASD? Yes <input type="checkbox"/> No <input type="checkbox"/> A W9 FORM FOR BILLING PURPOSES IS REQUIRED TO BE ON FILE FOR ALL APPLICANTS.			
The W9 form can be found on the Facility Use/Rental webpage: www.ecasd.us/Departments/Buildings-and-Grounds/Facility-Use-Rental .			
INSURANCE REQUIREMENTS	INDIVIDUALS: If you are an individual user, and the Insurance document at the right is unattainable, you may provide a certificate of insurance evidencing homeowner or renter insurance coverage of no less than \$250,000 of general liability coverage per occurrence/aggregate. The Eau Claire Area School District shall be named as an additional insured/certificate holder. ____ YES, I AM AN INDIVIDUAL AND HAVE PROVIDED A HOMEOWNERS/ RENTERS CERTIFICATE OF INSURANCE AND ADDITIONAL INSURED ENDORSEMENT WITH THE ECASD DESIGNATED AS AN ADDITIONAL INSURED FOR THE REQUIRED LIABILITY COVERAGE. _____ Signature of Applicant	ORGANIZATIONS: If you are an Organization or Entity, or operating under an organization name, you will need to provide a certificate of liability insurance from your insurance company listing Eau Claire Area School District as an "Additional Insured" on the policy, including all carrier exclusions, endorsements, and provisions that limit or expand coverage. The User shall maintain the following minimum levels of coverage during the term of the agreement for general liability (including volunteers, if used): \$1,000,000 Per Occurrence – Commercial General Liability, and \$1,000,000 Aggregate – Commercial General Liability, and \$1,000,000 Umbrella Liability, that follows form and has \$0 retention or \$1,000,000 Per Occurrence – Commercial General Liability, and \$2,000,000 Aggregate – Commercial General Liability A sample of the "Additional Insured" endorsement can be found on the Facility Use/Rental webpage: www.ecasd.us/Departments/Buildings-and-Grounds/Facility-Use-Rental . ____ YES, MY ORGANIZATION'S CERTIFICATE OF LIABILITY INSURANCE INCLUDING ALL CARRIER EXCLUSIONS, ENDORSEMENTS, AND PROVISIONS THAT LIMIT OR EXPAND COVERAGE IS ATTACHED OR IS ALREADY ON FILE WITH THE ECASD. _____ Signature of Organization's AUTHORIZED Representative	

The below Organization agrees to defend, indemnify, and hold harmless the Eau Claire Area School 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 the Organization's negligence as a result of Organization's use or occupancy of the Eau Claire Area School District's land, facilities, or equipment.

The District agrees to defend, indemnify, and hold harmless the Organization below, 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 the Eau Claire Area School District's negligence as a result of the District's use or occupancy of the District's land, facilities, or equipment. The District further agrees to provide a certificate of insurance for liability coverages satisfactory to the Organization listed below.

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	
PRINTED NAME OF AUTHORIZED ORGANIZATION REPRESENTATIVE:	TITLE OF AUTHORIZED ORGANIZATION REPRESENTATIVE:
SIGNATURE of AUTHORIZED ORGANIZATION REPRESENTATIVE:	DATE SIGNED:

PRINTED NAME OF AUTHORIZED ECASD REPRESENTATIVE:	TITLE OF AUTHORIZED ECASD 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 2 weeks prior to earliest event date)

FORMS CAN BE SUBMITTED IN THE FOLLOWING WAYS:

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