



TOURNAMENT/INVITE/COMPETITION APPLICATION for FACILITY USE

NAME OF EVENT:	HOST NAME:
TYPE OF ACTIVITY:	BUSINESS ADDRESS:
NAME OF EVENT COORDINATOR/TOURNAMENT DIRECTOR:	CITY: STATE: ZIP:
PHONE 1: <input type="checkbox"/> cell <input type="checkbox"/> house <input type="checkbox"/> work	PHONE 1: <input type="checkbox"/> cell <input type="checkbox"/> house <input type="checkbox"/> work
PHONE 2: <input type="checkbox"/> cell <input type="checkbox"/> house <input type="checkbox"/> work	PHONE 2: <input type="checkbox"/> cell <input type="checkbox"/> house <input type="checkbox"/> work
EMAIL:	EMAIL:

SITE/BUILDING #1 REQUESTED:	SITE/BUILDING #2 REQUESTED:	SITE/BUILDING #3 REQUESTED:	SITE/BUILDING #4 REQUESTED:
ROOMS/AREAS REQUESTED:	ROOMS/AREAS REQUESTED:	ROOMS/AREAS REQUESTED:	ROOMS/AREAS REQUESTED:
DATE(S) OF USE:	DATE(S) OF USE:	DATE(S) OF USE:	DATE(S) OF USE:
START TIME:	START TIME:	START TIME:	START TIME:
END TIME:	END TIME:	END TIME:	END TIME:
NO of YOUTH ATTENDING:	NO of YOUTH ATTENDING:	NO of YOUTH ATTENDING:	NO of YOUTH ATTENDING:
NO of ADULTS ATTENDING:	NO of ADULTS ATTENDING:	NO of ADULTS ATTENDING:	NO of ADULTS ATTENDING:
SPECIAL SETUP REQUESTS:	SPECIAL SETUP REQUESTS:	SPECIAL SETUP REQUESTS:	SPECIAL SETUP REQUESTS:

DOES THE EVENT INCLUDE/INVOLVE ANIMALS? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Describe: NOTE: No animals shall be allowed in areas where food is prepared and served.	DO YOU WANT TO SERVE FOOD AT YOUR EVENT? <input type="checkbox"/> YES <input type="checkbox"/> NO NOTE 1: Host/User is responsible for securing Food Permit and meeting state statutes. Contact Eau Claire City/County Health Department. NOTE 2: The sale and consumption of food shall be restricted to the areas of the building normally used for the consumption of food. Food or drinks shall not be permitted in auditoriums or gymnasiums.
If AUDITORIUM or LITTLE THEATER is requested, you must submit an AUDITORIUM FORM (for each Auditorium/Theater) The AUDITORIUM FORM can be found on the Facility Use/Rental webpage: www.ecasd.us/Departments/Buildings-and-Grounds/Facility-Use-Rental	If KITCHEN is requested, you must submit a KITCHEN FORM (for each Kitchen) The KITCHEN FORM can be found on the Facility Use/Rental webpage: www.ecasd.us/Departments/Buildings-and-Grounds/Facility-Use-Rental

At least 60 days prior to earliest event date, the User/Host shall provide, a Certificate of Liability Insurance, designating the Eau Claire Area School District as an "Additional Insured", including all carrier exclusions, endorsements, and provisions that limit or expand coverage, during the time of use; and shall also provide a physical copy of the additional insured endorsement. 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 \$5,000,000 Umbrella Liability that follows form and has \$0 retention

**TOURNAMENT/INVITE/COMPETITION APPLICATION for FACILITY USE
EAU CLAIRE AREA SCHOOL DISTRICT
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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	
SIGNATURE of APPLICANT:	DATE:
SIGNATURE of EVENT COORDINATOR/DIRECTOR (if different):	DATE:

PRINTED NAME OF ECASD REPRESENTATIVE:	TITLE OF ECASD REPRESENTATIVE:
SIGNATURE OF 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 ALONG WITH THIS APPLICATION:

- APPLICATION FEE
- INDEMNIFICATION AGREEMENT
- W9 FORM (this is required only for first time applicants).

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