

Date of Request: _____



**LIBERTY CHRISTIAN SCHOOL
Request for Use of Gym/Rooms**

NAME OF MINISTRY GROUP: _____

ACTIVITY: _____

DATE(S) NEEDED: _____

Recurring Need? Yes _____ No _____ Day of Week: _____
(*For recurring needs, please use additional sheet - attached)

Actual Time Event Begins: _____ (a.m.) (p.m.) **Time YOU Need for Set-Up:** _____(hours/minutes)

Actual Time Events Ends: _____ (a.m.) (p.m.) **Time YOU Need for Clean-Up:** _____(hours/minutes)

ROOM LAYOUT: *You will be responsible for returning the area used back to the way it was set-up.*

KITCHEN USE

_____ YES

_____ NO

If the Kitchen is requested for use, a reservation form must be obtained. In order to use the kitchen you must have a level 1 food safety certified person present and on duty during the usage time.

FEES:	\$150.00	Gym Rental Fee (2 hour minimum required - \$50.00 per hour for each additional hour)
	\$ 125.00	Gym Rental Fee for LCS/LC Members (2 hr minimum required - \$40.00 for each additional hour)
	\$ 50.00	Hourly fee for an LCS Kitchen Staff Member - Level 1 certified (if needed)
	\$25.00	Late fee 1-15 minutes, additional \$25.00 for every 15 minutes thereafter

(All gym rental fees include an LCS trained oversight employee on premises during your event.)

Deposit _____

A 25% non-refundable deposit is required to hold your reservation. Full payment must be made two weeks prior to your event. If you are renting the gym on a monthly basis, your monthly payment is due in full no later than the 15th of the month prior to the month you are requesting your reservation. *If your are making a last minute reservation (1 week or less), full payment is due at time of reservation.

Payment in Advance _____ *(make checks payable to Liberty Christian School)*

Cancellation Policy: Cancellations due to inclement weather are determined by either your organization or the oversight personnel. You will receive a credit for payment to use another time or a full refund. *Any other form of cancellation made less than 72 hours in advance will require full payment.*

(Current proof of liability insurance must be submitted prior to approval. No exceptions!)

DAMAGE RESPONSIBILITY: *If damage occurs, please notify staff member on site. You are responsible for all costs, including the kitchen.*

Signature

GROUPS'S/ORGANIZATION'S REPRESENTATIVE/CONTACT

Name: _____ **Address:** _____

Phone: (home) _____ **(work)** _____

E-mail: _____

Note: A copy of request confirmation will be forwarded to the group's/organization's representative upon approval.

PLEASE READ THE ATTACHED FACILITY USE AGREEMENT AND SIGN AND RETURN THE RENTAL WAIVER. THE FOLLOWING ITEMS NEED TO BE SUBMITTED TWO WEEKS BEFORE YOUR EVENT:

1. Request of Use Form
2. Rental Waiver (Signed Form)
3. Kitchen Use Form (if using the kitchen)
4. Deposit/or full payment

FACILITIES APPROVAL:

Date Approved: _____ **Location:** _____

Facility Fee \$ _____

Deposit \$ _____ **Full Payment \$** _____

Approved by: _____

Facility Use Coordinator

Gym Usage - Additional Dates Requested

(Please list by month)