RIVERSIDE BROOKFIELD HIGH SCHOOL

160 Ridgewood Road, Riverside, Illinois 60546

Building and Facility Use Form

(Submit entire form at least 30 days before meeting date.)

Name of Organization:	**Facility/Space Requested:**	**Event Name:**	**Number of Participants:**
Date(s) of Meeting:	**Start Time of Meeting:** AM / PM	**End Time of Meeting:** AM / PM	**Open Outside Doors:**

EQUIPMENT REQUESTS: (circle)

Lectern Easel Dry Erase Boards
Custodial Services Risers
Other _____
_____

AUDIO/VISUAL REQUESTS: (circle)

Microphone Portable Microphone Screen
Speakers Laptop TV VCR/DVD CD Player
Data Projector Overhead Projector
Other _____
_____
_____

LAYOUT OF ROOM: (If special room layout is needed, please specify and draw floor plan.)

CONDITIONS FOR RENTERS:

- Submission of paperwork does NOT grant usage.
- Please submit Certificate of Insurance in the amount of $1,000,000 naming Riverside Brookfield High School as Certificate Holder and Location.
- A Supervision/Security Plan must be completed and submitted prior to Building & Facility use, without sufficient plan costs may be incurred.
- Security and/or custodial fees may be incurred as determined by Building & Facility Flow Chart.
- Upon approval, you will receive a copy of this Building & Facility Use form. A 50% deposit of total estimate will be required at that time. The final adjusted invoice less deposit will be due within 30 days of billing.
- Renters will be charged for broken or missing equipment or damaged property.
- **PARKING IS NOT GUARANTEED. ROCKEFELLER ROAD IS FIRST COME, FIRST SERVED. ZOO LOTS ARE NOT ACCESSIBLE UNLESS UNLOCKED UPON YOUR ARRIVAL.**
- Renter must have a copy of this approved form with them during all rental times.

_____

On-site person in charge of event: Name & Phone Number if different than person requesting usage

DATE	**Person Requesting Usage (Please print)**	**Address**	**City/Zip**	**Phone Number**

BELOW THIS LINE FOR OFFICE USE ONLY

ESTIMATE OF COST:

Contracted Hours: _____ Rate/Hour $ _____ Rental Total $_____

Space Fee $_____

Estimated Total Fee $_____

_____

Approved/Date:

Revised 10/13/09