



**Nardonia Hills City School District
Request for Use of District Gymnasiums / Fields**

Name of Organization **NYB / NBA / NHAA / St. Barnabas BB or VB / Buckeyefire VB / Macedonia Rec**

Name of Coordinator _____

Billing Address _____

Telephone _____

eMail Address _____

Number of gyms needed per day 1 or 2 (circle one)

Days and Times Requested (choose all that apply)

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Sat _____ Sun _____ (weekend custodian overtime required in gyms)

Date Activities Begin _____ Date Activities Conclude _____

Special notes regarding event set up. Please note all equipment needed.

I agree to abide by all District rules and regulations concerning use of facilities as outlined in Board Policy 7510. I also agree to pay for any custodian and/or maintenance staff overtime wages or damages resulting from the use of District gymnasiums by members of the aforementioned group. I understand that an updated certificate of insurance naming the Nardonia Hills CSD as additional insured must be on file in the Business Office prior to use of the facilities.

Signature of Event Coordinator _____

24 hour notice of cancellation required. Please contact the appropriate Building Foreman.

Principal Approval _____

Business Director Approval _____

Athletic Director Apvl _____

Blackout Dates _____

Insurance Expiration Date _____