

CAPE CORAL CHARTER SCHOOL AUTHORITY FACILITY RENTAL REQUEST



Name of Renter: _____ Primary Contact: _____

Renter's Address: _____

Phone #: _____ Email: _____

School Being Rented: _____ Expected # of Attendees: _____

Date of Rental: _____ Category: (circle one) A B C D E
(if multiple- attach reoccurring schedule form) (listed in Facility Rental Guidelines)

Description of Activity: _____

ALL RENTALS REQUIRE A THREE (3) HOUR MINIMUM CHARGE, WITH ADDITIONAL HOURS CHARGED AT THE SPECIFIED HOURLY RATE, SUBJECT TO A DAILY MAXIMUM RATE OF EIGHT (8) HOURS.

Rental time should be the time you need doors/gates to be opened NOT the hours of the event.

#1 – Facility: _____ Rental Time: **Start:** _____ AM PM
(Facility Rental Guidelines pg. 7) **End:** _____ AM PM

#2 – Facility: _____ Rental Time: **Start:** _____ AM PM
(Facility Rental Guidelines pg. 7) **End:** _____ AM PM

Additional Support: (please circle all requests)

Staff members Score Board Operator Special Set-up Extra Custodial

Are you a governmental agency? (circle one) Yes* No**
*assumption of liability is required. **a hold harmless agreement is required.

Insurance must be provided by all renters, and a certificate of insurance must be submitted with Rental Request. Please refer to the facility rental guidelines for rental requirements.

- The undersigned renter must attach a certificate of insurance, clearly identifying the Cape Coral Charter School Authority and City of Cape Coral as the additional insured, with minimum limits of liability insurance of \$1,000,000 per occurrence and \$2,000,000 annual aggregate.
- Renter is required to comply with Cape Coral Charter School Authority guidelines and is financially responsible for missing items and/or damage to equipment and facilities resulting from the above rental.
- Cape Coral Charter School Authority personnel, custodians, and/or approved volunteers must be present at ALL times during facility rental. Fees for custodians, staff, special setups, etc., will be added into rental costs at rates outlined in the Facility Rental Guidelines.

Signature of Renter: _____ Date: _____

Signature of Principal: _____ Date: _____

Signature of Superintendent/Designee: _____ Date: _____

*****FOR OFFICE USE ONLY*****

PAYMENT RECEIVED IN ADMINISTRATION OFFICE: Date: _____ Amount: _____

By: _____ Receipt No: _____