Bosco Catholíc School Syste	rm
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St. Joseph School PO Box 158 Raymond, IA 50667 Phone (319) 233-5980 Immaculate Conception School PO Box 256 Gilbertville, IA 50634 Phone (319) 296-1089 Don Bosco High School PO Box 106 Gilbertville, IA 50634 Phone (319) 296-1692

FACILITY RENTAL AGREEMENT/CONTRACT

Date of Event				
Contact Person	E mail			
Organization (Name of Group)				
Mailing Address				
Phone/Cell Number				
Purpose of Use/Description of Event				
Admission Charge? Yes No Anticipa	ited Attendance			
Reservation Request: (check all facility areas needed)				
Commons only (\$25/hr)	Time needed			
Gym only (\$25/hr)	Time needed			
Gym & Commons (\$50/hr)	Time needed			
Commons & Kitchen (\$50/hr)	Time needed			
Commons, Kitchen, Gym (\$75/hr)	Time needed			
(Day Rate = \$200)				

TERMS OF THE AGREEMENT

The renter shall agree to the following conditions and terms:

- The RENTER accepts all responsibility to pay for the cost of repair/replacement of any damage to property of Bosco Catholic School System.
- Food and/or beverage is NOT provided by Bosco Catholic School System.
- No alcohol or smoking is allowed in the facility or on the premises.
- Audio/visual equipment is NOT included nor will be provided by Bosco Catholic unless prior arrangements are made.

Refundable Deposit:	Due at time of reservation request
Facility Rental Amount:	Due when key is issued

Please make checks payable to Bosco Catholic Schools System

Date _____

FOR OFFICE USE

Request taken by:		Date:
Denied	Approved	
Staff on call (or staff o	contact for event)	
Deposit:	Date Received:	Date Refunded:
Rental Fee:		Date Received:
Facility Agreements(s) Date Sent:	Date Received:
Notes on Facility Con	dition after rental	