Code No. 905.1E1

Riceville Community School District

**REQUEST FOR USE OF SCHOOL FACILITIES BY OUTSIDE GROUPS**

As per Board Policy 902.7

**Group Information**

Requested By _____ Date of Request _____

Organization _____ Telephone _____

Address _____

**Use of Property Information**

Building Requested _____

Areas needed (list all) _____

Equipment needed _____

**Activity Information**

Do you have employee supervision _____ Name _____
*If no, a custodian, or staff member will be assigned with a charge.

Describe the activity _____

_____

Requested date/s of Activity _____

Time of Arrival:_____ (am / pm) Estimated time of departure _____ (am / pm)
*I, the representative of the renter organization, agree that it is the renter that is responsible for the proper use of property and shall pay for all damage other than the normal wear. A copy of the completed request form will be return to the address above.*

Requested Organization _____ By_____

For School Use Only-c(Return one to the Superintendent's Office

| Classification of Group | Insurance Required | Charges |
|---|---|---|
| School Sponsored Activity | N/A | N/A |
| Student Activities or youth org. | No | No |
| Non-profit community org. | Yes | (unless waived by superintendent) |
| Other Organization | Yes | (unless waived by superintendent) |
| Private Parties | Yes | (unless waived by superintendent) |

*Note: If an insurance certificate is required the certificate must accompany the request.

Staff member assigned supervision (if no one assigned above) _____

Estimated charge(s)

Building Use $ _____ Cudtodial: $ _____ Equipment $ _____ Total $ _____

_____ _____

Building/Activities Director Supeerintendent's Approval

Approved: September 16, 2013 Revised: November 17, 2025 Reviewed: _____

Riceville Community School
BILLING FOR USE OF SCHOOL BUILDING

Please return your payment to the following address. If you have any questions related to this billing please contact Jennifer Dunn @ 641-985-2288. Thank You.

Attn: Accounts Receivable
Riceville Community School
912 Woodland Ave.
Riceville, IA 50603

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**INVOICE**

Name of Organization_____ Date of Activity _____

Building Rental

| Area | # of hours used | Total Charges |
|---|---|---|
| _____ | _____ | $ _____ |
| _____ | _____ | $ _____ |

Total Building Charges $ _____

Custodial Charges

| Name | Reg Hrs | OT Hours | |
|---|---|---|---|
| _____ | _____ | _____ | $ _____ |
| _____ | _____ | _____ | $ _____ |

Total Custodial Charges $ _____

Equipment Rental (specify _____ $ _____

Grand Total: $ _____