

DISTRICT SCHOOL BOARD OF PASCO COUNTY LEASE FOR USE OF BUILDINGS AND/OR GROUNDS

MIS Form #113

Rev. 9/13

FACILITY REQUESTED:			SCHOOL/DISTRICT	CONTACT NAME:			
ORGANIZATION NAME:			SCHOOL/DISTRICT	CONTACT EMAIL:			
MAILING ADDRESS:							
CONTACT PERSON:							
TELEPHONE:			EMAIL ADDRESS:				
PURPOSE:							
EVENT DATE(S) AND TIME(S):							
This application covers a ninety (90) day p unless waived or changed with School Boa defibrillators are not a part of this contract. Board Approval, please remit total rent cost	rd approval. This in Facility rates may	ncludes any time	required for setu	up, arrival, dismis	ssal, and cleanu	p. Automated	
INDOOR FACILITIES	Half Davi	FACILITY RATES	Lang Day		RATES (UTILITIE		
	Half-Day (Up to 5 hours)	Full-Day (5-10 Hours)	Long-Day (Over 10 hours)	Half-Day (Up to 5 hours)	Full-Day (5-10 Hours)	Long-Day (Over 10 hours)	
Cafeteria/Multipurpose	\$180.00	\$310.00	\$470.00	\$70.00	\$140.00	\$190.00	
Classroom	\$180.00	\$310.00	\$470.00	\$70.00	\$140.00	\$190.00	
Media Center	\$180.00	\$310.00	\$470.00	\$70.00	\$140.00	\$190.00	
Music Room	\$180.00	\$310.00	\$470.00	\$70.00	\$140.00	\$190.00	
Gym/Activity Center (Auditorium PMS only)	\$360.00	\$730.00	\$1,090.00	\$160.00	\$320.00	\$470.00	
Number of Days							
ALL REQUESTS MUST HAVE AN ATTACH	ED COPY OF PROOF		ANCE WHEN DELIVE				
OUTDOOR FACILITIES	Half Day	FACILITY RATES	Long Dev		RATES (UTILITIE	,	
	Half-Day (Up to 5 hours)	Full-Day (5-10 Hours)	Long-Day (Over 10 hours)	Half-Day (Up to 5 hours)	Full-Day (5-10 Hours)	Long-Day (Over 10 hours)	
Stadium - Day	\$250.00	\$500.00		\$60.00	\$130.00		
Stadium - Night (6:00 PM-Midnight)	\$250.00			\$60.00			
Practice Fields (Per Field)	\$50.00	\$100.00		\$60.00	\$130.00		
Game Fields (Day)	\$150.00	\$300.00		\$60.00	\$130.00		
Game Fields (Night 6:00 PM-Midnight)	\$150.00			\$60.00			
Number of Days							
FACILITY USAGE FLAT FEE	FACILITY			RATE			
LABOR CHARGES		EST HOURS	соѕт		Applica	tion Date	
			0031		Аррнои		
Facility Employee Charges (Minimum 4 hours							
	~~~~~ F(	DR DISTRICT USE	ONLY ~~~~~~	~~~~~	~~~~~~	~~~~~	
	APPROVED	D TOTAL FACILITY RATE COST <u>\$</u>					
	DENIED	TOTAL DIRECT COST \$					
Principal Signature and Date	_	SUB-TOTAL \$					
	APPROVED	TAX	7% (UNLESS ⁻	TAX EXEMPT)	\$		
Superintendent Signature and Date	_DENIED	SUB-TOTAL RENTAL COST <u>\$</u>					
		TOTAL LABOR CHARGES \$					
		SUB-TOTAL RENTAL COST <u></u> \$					
				OTHER	\$		
DISTRIBUTION: School Board, School, Fi	nance, Organizatio	n	TOTAL RE	NTAL COST	\$		