

# 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: \_\_\_\_\_