



# GRANDVIEW HEIGHTS SCHOOLS

Grandview Heights Schools (GHS)  
1587 West Third Avenue  
Columbus, Ohio 43212  
Phone: (614) 485-4015  
Email: facilities@ghcsd.org

Application for Facility Use  
Today's Date: \_\_\_\_\_

### Group Information:

Organization/Group Name: \_\_\_\_\_  
Organization/Group Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Organization/Group Contact Person: \_\_\_\_\_  
Organization/Group Contact Title: \_\_\_\_\_  
Organization/Group Contact Person Phone Number: \_\_\_\_\_

### Requested Space Information:

Requested Space(s): \_\_\_\_\_  
Activity/Event Function: \_\_\_\_\_  
Will Food Be Served (Circle One): Yes No  
Specific Date/Dates of Request: \_\_\_\_\_  
Time of Activity/Event Function: \_\_\_\_\_

### Facility Rental Fee:

Facility Fee: \_\_\_\_\_ (Time, Hours) x \_\_\_\_\_ (Charge per Hour) = \_\_\_\_\_ (Facility Fee)  
Staffing Fee: \_\_\_\_\_ (Time, Hours) x \_\_\_\_\_ (Charge per Hour) = \_\_\_\_\_ (Staffing Fee)  
Total Rental Fee: \_\_\_\_\_ (Facility Fee) + \_\_\_\_\_ (Staffing Fee) = \_\_\_\_\_ (Total Rental Fee)

### Facility Rental Conditions:

- Insurance: Please include a copy of your insurance policy with all facility requests.
- Damages: Organization/group will be held financially responsible for any damages that take place while space is being used.
- Payment: Rental fee must be paid one week before event. If not paid, event will be canceled.
- Timing: Activities must be completely finished (cleaning included) by no later than 11 pm.
- Tables/Chairs: Unless easily accessible, school district is not responsible for providing tables/chairs.

### Authorization:

Brett Bradley, GHS Director of Facilities Signature: \_\_\_\_\_

Building Principal Name: \_\_\_\_\_, Building Principal Signature: \_\_\_\_\_, School Building: \_\_\_\_\_

Brad Bertani, GHS Athletic Director (if applicable): \_\_\_\_\_