Lea Ledger Auditorium Request Form

Name of Organization _____

CCISD Organization ☐ Non-CCISD Organization ☐

Contact Infomration

Name _____ Phone _____ E-Mail _____

Address _____ City _____ State ___ Zip _____

Date Requested * _____ Time ** _____ Through _____

*One request form per date requested **List time the organization needs access to the facility

Total Hours Requested _____ Performance Start & End Time _____

Function/Activity _____ Anticipated Attendance _____

Admission Fee $ _____ Box Office Requested Yes ☐ No ☐

Fundraiser Yes ☐ No ☐ Details _____

Classroom(s) Requested Black Box 1 (449) ☐ Black Box 2 (458) ☐ Choir Room ☐ Band Hall ☐

Technical Request(s) Sound ☐ Lights ☐ Spot Light ☐ Fly System ☐ Video/Computer ☐

Notes

This Section for Non-CCISD Organizations Only

Base Cost per Hour		$150.00 x	____ hrs	= $	____	4 Hour Minimum per day
Breakage Deposit		$100.00 x	1 day	= $	100.00	
Student Workers	____ x	$7.25 x	____ hrs	= $	____	
Additional Custodian(s) (May be required for certain events)	____ x	$18.00 x	____ hrs	= $	____	
Classroom(s)	____ x	$75.00 x	____ hrs	= $	____	
			Total Estimated Cost	$	____	

Is a certificate of insurance required? Yes ☐ No ☐ A certificate of insurance is required for all Non-CCISD organizations.

All of the above is true and correct to the best of my knowledge and belief. I agree to be responsible for the payment of all costs involved and to abide by all school rules and regulations and CCISD policy while on school property. I also agree to be responsible for any and all claims which may arise from this event and hereby hold Copperas Cove ISD harmless in any personal liability claims which may arise from this event. I agree to provide a certificate of liability coverage naming Copperas Cove ISD as an additional named insured and specifying the date(s), time(s), and location(s) of the event. Charges include one custodian; additional custodian(s) may be required by the district, at the cost of the renter. A custodian must be present during the entire rental period. Use must be limited to specific facility requested. No supplies, utensils or equipment belonging to the district are to be used or moved without prior approval. Security may be required by the district, at the cost of the renter. At least thirty days prior to using the facility, I agree to pay the Rental Deposit (25% of the rental cost, or $100.00, whichever is greater) and to provide the Valid Certificate of Liability Coverage. Failure to do so will result in the loss of the facility use. Cancellation within 30 days of rental date will result in the loss of the $100.00 reservation fee. I agree to pay the Balance Due at least seven days prior to the date of the event. Additional charges may be assessed after the event, if any additional usage occurs. I acknowledge receipt of the CCISD Facility Use Guide and GKD(LOCAL)/FNAB(LOCAL). I further understand that failure to comply with district policies may result in revocation of my organization's privileges to use CCISD facilities. ***No live animals are allowed inside the building except as required by ADA.***

Organization Representative _____ Date _____

Auditorium Coordinator _____ Date _____

CCHS Principal or Designee _____ Date _____

District Representative _____ Date _____

(This agreement becomes official only after all signatures are obtained.)

LLARF Revision 10.25.24