

**BROKEN BOW PUBLIC SCHOOLS
323 North 7th Avenue
Broken Bow, NE 68822**

Use of Facilities Rental Agreement

High School Gym (Unlock East/North/South Doors)	\$150
Activity Building (Per Day)	\$40 (\$75.00 w/Tables & Chairs)
Weight Room (Per Session)	\$50
Junior High Gym/Auditorium	\$70
Elementary Gyms	\$50 Custer / \$75 North Park
Classroom	\$20
School Athletic Fields	\$50
School Shops	\$50
Cafeteria	\$50 (With Kitchen \$80)
Town Team Basketball/Kids Programs	\$100 Per Team for Entire Season
Adult Volleyball	\$100 Per Team for Entire Season
Adult Ed Classes	Adult Education Tuition (\$5.00 Lab Fee)
Keys to Facility	\$150 Deposit
Track & Field Rental	\$500 (\$250 for District Hosts)

The District retains the right to waive stated fees, or to make adjustments accordingly.

- If a custodian is required during full time use, the rate shall be \$25.00 per hour for each hour of use. This time will include the opening and closing of the facility.
- The renting organization shall be responsible for any damages to district owned facilities. It is recommended that the renting organization purchase an insurance rider to cover any potential damage due to neglect or accident. The district assumes no liability for the health or welfare of any individuals attending activities of the organization renting the facilities.
- The renting organization shall be responsible for removing and replacing furniture and equipment which is in place in rooms being rented.
- Sale of tobacco and alcohol products is not permitted on the premises. Tobacco, tobacco products and electronic smoking devices are not permitted in any buildings. Consumption of alcoholic beverages on the premises is not permitted.
- No one is to sit on the bleachers if they are not pulled out. No pop or beverages are allowed in any of the gyms. Gym floors should be swept at the conclusion of use. The use of proper tennis shoes will be expected.

It is the responsibility of the renting organization to make rental arrangements a minimum of 48 hours in advance of the date the facility is needed.

Purpose of Rental: _____

Organization/Phone Numbers

Date(s) of Use

Representative Signature

Date

School Official Signature

Date

Office Use:

Key Deposit- Yes No Check # or Cash _____ Date Key/Fob Given _____ Date Key/Fob Returned _____

Payment – Check # or Cash _____ Waived -