

SEDONA-OAK CREEK JOINT UNIFIED SCHOOL DISTRICT #9
Rental Questionnaire

Name: _____ Date: _____

Name of organization holding event: _____

Address of organization holding event: _____

Representative, who has the authority to financially obligate the organization, and who will be signing the contract: _____

Title of that representative: _____

Phone number of contact person(s): _____

Email address of contact person(s): _____

Is your organization a Non-Profit, 501©3? Yes _____ No _____

If yes, do you have the IRS determination letter? Yes _____ No _____
(You must attach a copy of your IRS letter showing non-profit status.)

Will admission be charged? Yes _____ No _____

Rental request location: Big Park _____ West Sedona School _____
Sedona Red Rock High School _____ Performing Arts Center (SPAC) _____

Which campus facilities are you requesting for rental (i.e., MPR, gym, classroom, café, etc.)? _____

Estimated number of attendees _____

Tax ID# (if applicable)? _____

Date(s)/Hours of event and hours requested for A-V Technician?

Reservation Date	Building Entrance Time	Program Start Time	Program End Time	Building Exit Time	A-V Technician start/end time

If you're requesting the facility for set up/rehearsal as well as a program, please indicate all dates needed and indicate as much information as possible regarding the date(s) requested. **Attach separate schedule if needed.**

Do you have a current SOCUSD Certificate of Insurance? _____ yes _____ no (if no, this will be required prior to utilizing our facilities. Requirements are below and will appear in contract as well.)

Describe type of event (i.e. play, musical, dancers, band(s), etc.): _____

What is the title of your event? _____

Do you need to rent the piano? _____ yes _____ no

Will you need the video/screen? _____ yes _____ no

Do you wish to rent additional rooms? _____Green Room _____Make Up/Dressing Rooms

Will you be renting additional spaces on campus? _____ yes _____ No *(Spaces other than the SPAC and the above-listed rooms are rented hourly using the Facilities Use Agreement form. This and other facilities rental forms can be found on the district website: <http://www.sedonak12.org>)*

Special needs/requests (ex: tables, chairs, etc.)? _____

Special set up requirements? _____

Do you have any questions/comments that have not been covered? _____

Below is a copy of the insurance clause within the contract. Proof of insurance must be provided no later than two weeks prior to your event date.

INSURANCE REQUIREMENTS

Licensee shall maintain and pay all premium costs for the following insurance coverage's in amounts not less than specified throughout the duration of the Term:

Statutory Workers' Compensation including Employer's Liability Insurance, subject to limits of not less than \$1,000,000, affording coverage under the Workers Compensation laws of the State of Arizona, for all of Licensee's personnel.

Commercial General Liability Insurance for limits of not less than \$1,000,000 per occurrence Bodily Injury and Property damage combined; \$1,000,000 per occurrence Personal and Advertising Injury; \$1,000,000 aggregate Products and Completed Operations Liability; \$1,000,000 Fire Legal Liability, and \$1,000,000 general aggregate limit per event. The policy shall be written on an occurrence basis.

Licensee shall have its above-described liability policies endorsed to name, Sedona-Oak Creek Unified School District, and their respective affiliated entities as "Additional Insured" with respect to any and all claims arising from Licensee's operation. Further, coverage for the "Additional Insured" will apply on a primary basis irrespective of any other insurance, whether collectible or not, only to the extent of the named insured's liability. Should any additional premium be charged for such coverage's or waivers, the named insured will be responsible to pay said additional premium charge to their insurer.

Licensee will deliver to the Facility Coordinator satisfactory evidence of the afore described insurance coverage on a certificate form prior to facility use. All required insurance will be placed with carriers licensed to do business in the State of Arizona and rated no lower than A-1 in the most current edition of A.M. Best's Property Casualty Key Rating Guide and will provide thirty (30)days written notice of cancellation or non-renewal which notice shall be forwarded to the "Additional Insured's."

The insurance obligations stated in this section are independent of, and shall not be affected by the scope or validity of, any other indemnity or insurance provisions in other sections of this Agreement.

Licensee will ensure that all of its contractors (including, without limitation, permitted sponsors solicited by Licensee) who will be entering the Venue to engage in any business activity (including, without limitation, sampling, distributing, vending or other commercial activity) will comply with the foregoing insurance requirements and provide satisfactory evidence prior to facility usage.