

Millington Municipal School District  
FACILITY REQUEST FORM

Name of Organization: \_\_\_\_\_ Purpose: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Facility Requested: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Requested Date: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

*If requesting more than one date, attach ALL dates and times on an attached sheet.*

Requested Facility: Please check the appropriate box (subject to availability).			All prices include fee for utilities.
Millington Primary	Millington Intermediate	Millington Middle High	Performing Arts Center
<input type="checkbox"/> Gym \$500/day	<input type="checkbox"/> Gym \$500/day	<input type="checkbox"/> Main Gym \$500/day	<input type="checkbox"/> Lobby \$150/2hrs
<input type="checkbox"/> Cafeteria \$500/day	<input type="checkbox"/> Cafeteria \$500/day	<input type="checkbox"/> Cafeteria \$300/day	<input type="checkbox"/> Theater \$300/2hrs
<input type="checkbox"/> Outdoor Area \$300/day	<input type="checkbox"/> Outdoor Area \$300/day	<input type="checkbox"/> Non-Athletic Outdoor Area \$300/day	* Lobby includes public restrooms
<input type="checkbox"/> Library \$300/day	<input type="checkbox"/> Library \$300/day	<input type="checkbox"/> Library \$300/day	* Theater includes Lobby, Stage, Seating, & Dressing Rooms
<input type="checkbox"/> Conference Rm \$200/day	<input type="checkbox"/> Conference Rm \$200/day	<input type="checkbox"/> Conference Rm \$200/day	
<input type="checkbox"/> Classroom \$200/day	<input type="checkbox"/> Classroom \$200/day	<input type="checkbox"/> Classroom \$200/day	
<input type="checkbox"/> Football Field \$500/day		<input type="checkbox"/> Football Field \$500/day	
		<input type="checkbox"/> Track \$350/day	
Will cafeteria be used? _____ Yes _____ No		<i>Please Note: If kitchen/equipment use is requested, there is an additional fee of \$30 per hour for the Cafeteria Manager and \$20 per hour for each cafeteria worker required.</i>	
Will kitchen/equipment be used? ? _____ Yes _____ No			
Cafeteria workers be needed? _____ Yes _____ No			

A day's rental is defined at 4 hours. Additional time will result in additional fees. Rental rates shown above apply to a single usage. Rental fees for the Performing Arts Center are based on two-hour increments (no exceptions). Lighting and sound for your event will require a certified technician at an additional hourly fee (typical fee is \$50/hr) paid directly to the technician. A list of approved technicians with a contact number is provided in the Facilities Rental packet. A school district representative must be present for the entire time of facility use during paid rentals at \$50/hr. All fees must be paid in full before use of facility.

**By signing below I agree that I have read, understand and will abide by MMSD's Facility Use Policy, Fees, and Procedures.**  
**I understand that MMSD reserves the right to apply any costs for damages incurred during the rental time period.**  
**I also understand additional fees will be charged for custodial services, school representative, and any needed cafeteria staff members.**

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

For initial approval, please take completed request form, certificate of insurance, and hold harmless agreement to the requested school for processing.

MMSD OFFICE USE ONLY	
<b>APPROVED BY</b>	<b>FEES</b>
PRINCIPAL _____	USAGE (see prices above) _____
OPERATIONS SUPERVISOR _____	CUSTODIAL @ \$50/HR _____
SUPERINTENDENT _____	CAFÉ MANAGER @ \$60/HR _____
MMSD EMPLOYEE ASSIGNED:	CAFÉ WORKER @ \$30/HR _____
PLANT MANAGER _____	SCHOOL REP @ \$50/HR _____
DISTRICT PAID _____ ORG. PAID _____ VOLUNTEER _____	OTHER FEES @ _____/HR _____
	<b>TOTAL FEE</b> _____

*Trojan Youth Sports Association will be granted use of the MCHS track facility Monday through Friday at no charge.*



## Community Use of School Facilities

The Millington Municipal School District Board of Education recognizes that public schools are public property and should be used for activities which will enhance the cultural, educational, and recreational opportunities in the community.

As protection against undue liability, insurance requirements must be met by outside organizations using public schools. Requests for use of school property shall be made in writing at least 20 days prior to the proposed use. No pets are allowed when renting any MMSD facility. Use of alcohol and all uses of tobacco, electronic/battery-operated devices, vapor products, and all other associated paraphernalia are prohibited in all MMSD facilities.

Additional information is needed to comply with these requirements before we can act on your request. Please provide the following:

- \_\_\_\_\_ Request Form - Please be sure you have the facility request form - signed by the requestor
- \_\_\_\_\_ Hold Harmless Agreement -You must provide a signed copy with each request; not applicable to Government entities.
- \_\_\_\_\_ Copy of Certificate of Insurance (name on insurance must match the name of the organization on the request form).
- \_\_\_\_\_ Internal Revenue Status Letter indicating your non-profit status (if applicable).

All organizations, with the exception of school or City of Millington affiliated organizations, who are requesting the use of MMSD facilities shall file a Certificate of Liability Insurance. **The policy must name Millington Municipal Schools, 5020 Second Ave., Millington, TN 38053 as additional insured** for no less than one million dollars (\$1,000,000) for the duration of the organization's use of the facility. Please mark "PUBLIC SCHOOL USE" on the certificate. A photocopy of the certificate of insurance must be attached to the Facility Request form.

**Return the request form, the signed hold harmless agreement, and the certificate of insurance directly to the school you are requesting to use for initial processing.** All communication will be done via email if additional information is required.

Once you have received your approval, you will be asked to submit your rental deposit to the Operations Department located at MMSD Central Office, 5020 Second Ave. Please make checks payable to Millington Municipal Schools. Invoices for recurring events are due every 30 days and failure to pay will terminate the agreement and subject your organization to be prohibited from future use of the premises.

All payments must be paid in full before the facility can be used.

If you have any additional questions, feel free to contact: Supervisor of Operations, Millington Municipal Schools, 5020 Second Avenue, Millington, TN 38053 or call 901-873-5680.

**HOLD HARMLESS AGREEMENT**

This Hold Harmless Agreement is between \_\_\_\_\_  
Name of Contractor

(hereinafter Contractor), and Millington Municipal Schools named in this bid. Contractor agrees that as a condition precedent to "Contractor" being awarded a contract from Millington Municipal Schools "Contractor" agrees to indemnify, protect, defend, and hold harmless Millington Municipal Schools, its Board Members, agents, and employees from all judgments, claims, demands for payment, suits or actions of every nature and description brought against Millington Municipal Schools, its Board Members, agents and employees alleging injuries or damages sustained by any person arising out of or in the course of "Contractor's" providing goods or services to Millington Municipal Schools.

(Name of Contractor) \_\_\_\_\_

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

State of Tennessee  
County of Shelby

\_\_\_\_\_ personally appeared before me, the undersigned, with whom I am personally acquainted and who, upon oath, acknowledged that he/she/it executed the within instrument for the purposes therein contained, and who further acknowledge that he/she/it is authorized to execute this interment on behalf of

\_\_\_\_\_

\_\_\_\_\_  
Signature

Witness by hand and Notaries seal at office this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/11/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

## SAMPLE CERTIFICATE OF INSURANCE

CONTACT  
NAME:  
PHONE  
(A/C, No, Ext):  
E-MAIL  
ADDRESS:

FAX  
(A/C, No):

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A :

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

### COVERAGES

CERTIFICATE NUMBER: MASTER 17-18

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			12/28/2017	12/28/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PROPERTIES (EA occurrence) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PERSONAL & ADV INJURY \$
	OTHER:					GENERAL AGGREGATE \$
	AUTOMOBILE LIABILITY					PRODUCTS - COM/OP AGG \$
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
				12/28/2017	12/28/2018	PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			12/28/2017	12/28/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$		12/28/2017	12/28/2018	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N				PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Millington Municipal Schools Board of Education are additionally insured or Auto, General Liability and Excess Policies

### CERTIFICATE HOLDER

Additional Insured  
Millington Municipal Schools  
5020 Second Ave.  
Millington, TN 38053  
(901) 873-5680

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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## APPROVED TECHNICIANS

Lighting and sound for your event will require a certified technician at an additional hourly fee. Please call Memphis Audio at 901-761-3880 to choose an approved technician from the list below:

David Stroud

Matt Britt

Reyn Lehman

Craig Peterson