ASHLAND CITY SCHOOL DISTRICT

Community Use of Administration Conference Room(s) Application

1407 Claremont Ave  P.O. Box 160  Ashland, OH 44805

Business Manager 419-289-1117

Date of Application ________________________________

Name of Group/Organization Requesting Use ________________________________

Contact Person/Person Responsible-Name______________________________

Phone: ___________________________  Email: ___________________________

*Date(s) Requested (M-F only) ________________________________

Time(s) 7 a.m.-5 p.m. __________________________________________

(Preapproval needed for time outside of this time frame)

Additional Information:

Full or Half Conference Room  OR  Small Conference Room (seats 1-8 people)
(Circle One)

• Are you serving coffee? Drinks? Food? Snacks? Yes  or  No  (circle one)
  If Yes, be specific______________________________________________

• Use of Technology (screen/projector)?  Yes  or  No  (circle one)

Fees:

Rental.........................................................$25/day
This may be waived if the room is left in a clean and satisfactory condition

Food/Beverage Clean up.................$25
Setup/Cleanup.................................$50
                                   If district provides cleanup/set up from the event or activity

*Not Available on dates that schools are closed (holidays, etc.....)

**Check Availability during summer break

  o  Signature of Organization Rep ____________________________  Date_________________

  o  Approval Signature ACS ________________________________  Date_________________