

**ASHLAND CITY SCHOOL DISTRICT**

**Community Use of Administration Conference Room(s) Application**

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

419-289-1117

Date of Application \_\_\_\_\_

Name of Group/Organization Requesting Use \_\_\_\_\_

Contact Person/Person Responsible-Name \_\_\_\_\_

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

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

\*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:** Number Attending Event \_\_\_\_\_

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

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

**Fees:**

Rental (without food) .....\$25/day

This may be waived if the room is left in a clean and satisfactory condition

Rental (with food) .....\$30/day

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

\*\*Check Availability during summer break

• Signature of Organization Rep \_\_\_\_\_ Date \_\_\_\_\_

• Approval Signature ACS \_\_\_\_\_ Date \_\_\_\_\_