

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

○ Signature of Organization Rep _____ Date _____

○ Approval Signature ACS _____ Date _____