

Date of Request: \_\_\_\_\_

**DIRECTIONS**Please complete this form in entirety and send to [elabostrie@athlosjp.org](mailto:elabostrie@athlosjp.org)

Please call (504) 290-2510 if you have any questions or need any additional information.

**FACILITY RENTAL DETAILS**

Organization Name: \_\_\_\_\_

Main Representative Name: \_\_\_\_\_

Main Representative Phone: \_\_\_\_\_

Main Representative Email: \_\_\_\_\_

Type of Activity: \_\_\_\_\_

\_\_\_\_\_

Date(s) facility requested: \_\_\_\_\_

Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Facility Room(s) Requested: \_\_\_\_\_

Equipment / Furniture Requested: \_\_\_\_\_

Number of people expected? Under 18: \_\_\_\_\_ Ages 18-20: \_\_\_\_\_ Over 21: \_\_\_\_\_

Can you provide current Certification of Liability Insurance in an amount no less than \$1 million per occurrence and \$2 million general aggregate?  Yes  NoCan you have Athlos Academy of Jefferson Parish named as an additional insured?  Yes  No**AUTHORIZATION**

As users of Athlos Academy facilities, we assume all responsibility for the activity and will not violate any city, county or state law and will indemnify and hold harmless Athlos Academy from any claims or loss resulting from our use of the facilities. We understand and agree to comply with all rental policies of Athlos Academy and any loss or damages to buildings, equipment, or grounds as a result of this activity will be fully reimbursed including court costs or damages as a result of any suit which might be instituted by any person as a result of use of these facilities. We hereby acknowledge having read and agree to abide by the Athlos Academy Facility Rental Guidelines and Rental Rates.

\_\_\_\_\_  
>> Main Representative Signature\_\_\_\_\_  
Date

**BELOW FOR OFFICE USE ONLY****Approval** Rental Approved  Yes  No

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>> *Executive Director (Signature)*

**Scheduling** Room is scheduled on Athlos Master Calendar  Yes  No

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>> *Facility Scheduler (Signature)*

**Business Management**Primary User Insurance Provided: \_\_\_\_\_ Date: \_\_\_\_\_  
(in an amount no less than \$1 million per occurrence and \$2 million general aggregate)

Additional User Insurance Provided: \_\_\_\_\_ Date: \_\_\_\_\_

Additional User Insurance Provided: \_\_\_\_\_ Date: \_\_\_\_\_

Additional User Insurance Provided: \_\_\_\_\_ Date: \_\_\_\_\_

Date Athlos Academy is listed as Additional Insured: \_\_\_\_\_

User Category: \_\_\_\_\_

Total Rental Rate: \_\_\_\_\_

Additional Personnel / Equipment Costs: \_\_\_\_\_

**Total Rental Costs:** \_\_\_\_\_

Deposit Amount: \_\_\_\_\_

Date Payment Received: \_\_\_\_\_

**TOTAL RENTAL PAYMENT RECEIVED:**  Yes  No**DATE RECEIVED:** \_\_\_\_\_

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>> *Facility Scheduler (Signature)*