



中美国际学校
**CHINESE
 AMERICAN
 INTERNATIONAL
 SCHOOL**

Rental Application

3250 19th Ave San Francisco CA 94132
 415-865-6010 (rental inquiries)
 415-865-6000 (front desk)

APPLICANT INFORMATION

Name of Nonprofit Organization:	
Contact Name:	Telephone # ()
Address:	Alternate Phone # ()
City/State/ZIP:	Email:

AREA REQUESTED

Gym: \$125/hour, 2 hour minimum
 Theater: \$450/hour, 2 hour minimum (additional Staff fees TBD)
 Art Studio: \$75/hour, 2 hour minimum
 Ceramics Studio: \$75/hour, 2 hour minimum (additional firing fee TBD)
 Dance Studio: \$75/hour, 2 hour minimum

ALCOHOL / BOUNCE HOUSE / INFLATABLES

Will alcohol be served? Yes No
 Bounce house/Inflatables? Yes No
(if yes, please see attached packet)

 Bounce House/Inflatable Company

EVENT INFORMATION

DAY/TIME

Date(s) Requested: _____

Day(s) of Week: Su M Tu W Th F Sa

Event Hours: *(includes set-up & clean-up time)*
 Start Time: _____ a.m./p.m. End Time: _____ a.m./p.m.

EVENT TYPE

Sporting
 Fair/festival
 Theater art

ESTIMATED ATTENDANCE: _____

EVENT DESCRIPTION:

AGREEMENT FOR USE Applicant hereby agrees to hold the Chinese American International School, the individual members of CAIS, agents and employees free and harmless from any loss, damage, liability, cost or expense that may arise during or be caused in any way by such use or occupancy of said facility. I, the undersigned, hereby certify that I will be personally responsible on behalf of the applicant for any damages sustained to the turf, lights, nets, tables, or equipment or damages sustained to the above shall be compensated within seven days. I realize that the reservation is granted with the understanding that CAIS Auxiliary staff may cancel when the facility is needed for its own program. It is my responsibility to notify CAIS staff of any cancellation on my part. I understand and agree to abide by all CAIS rules as outlined in the CAIS Revocable Usage Agreement. *Submission of this form is not a guarantee for use.*



Applicant (print name): _____

Applicant Signature: _____ Date: _____

CAIS
 FIRE DRAGONS

OFFICE USE ONLY

Date Rec'd: ____ / ____ / ____ Time Rec'd: ____ a.m./p.m.
 Payment Type (circle) Cash Check MC Visa
 Proof of Non-Profit status Rec'd: Yes No
 Rec'd by: _____

PLACED ON EVENTS CALENDAR Yes No

FEES

Facility Use Fee \$ _____
 Alcohol Insurance \$ _____
 Inflatables \$ _____

TOTAL CHARGES \$ _____

PAYMENT IS DUE WITH APPLICATION AND WILL BE PROCESSED IMMEDIATELY UPON APPROVAL