

Attachment C

**COMPLETED APPLICATION  
MUST BE SUBMITTED TO THE:**  
Miami-Dade County Public Schools  
Office of Budget Management  
District Rentals  
1450 NE 2nd Avenue, Suite 450  
Miami, Florida 33132

**APPLICATION FOR TEMPORARY USE OF SCHOOL BUILDING FACILITIES OF  
THE MIAMI-DADE COUNTY PUBLIC SCHOOLS - TEMPORARY USE AGREEMENT**  
Miami, Florida

Date of Application 6/13/16  
(Must be at least 20 days before event date)

FOR OFFICE USE	
INDIVIDUAL	
REPETITIOUS	
GROUNDS ONLY	
SCHOOL ALLIED	
GOVERNMENT	
OTHER	
INSURANCE	
BLANKET/GROUP INS	

**PLEASE ANSWER ALL QUESTIONS:** The User (Organization) will be subject to the provisions shown on the reverse side of this form and to the charges indicated below. An approved copy will be returned to the organization requesting the use of the building facilities.

Work Location Number 7201 Name of School Requested Miami Beach Senior High School Start Date 07/01/16 End Date 06/30/17  
 Day(s) of Week ..... Hour Building Will Be Needed: (NO ADMITTANCE PRIOR TO THIS HOUR) ..... Hour Building Will Be Vacated .....  
 Organization Making Application City of Miami Beach Anticipated Attendance Varies  
 Specify Purpose of Meeting Convention Center Events  
 Name of President Jimmy Morales Phone No. (305) 673-7010 Name of Treasurer Allison Williams Phone No. (305) 673-7010  
 Is meeting free of charge and open to the public? Varies Will an admission/collection be taken? Varies  
 FURNISHINGS OR SPECIAL PREPARATIONS EXPECTED? NO  YES  EXPLAIN: .....

**CHECK SPACE NEEDED (No Other Facilities Will Be Provided Unless Checked On Application)**

Cafetorium (NO USE OF KITCHEN) ..... Band Room ..... Gymnasium ..... Auditorium and Box Office ..... (NO FOOD OR DRINKS IN AUDITORIUM)  
 Grounds Only ..... Other Parking lot MBSH

**INSURANCE** - The User (Organization) must furnish valid evidence of insurance according to the requirements shown on the reverse side of the blue copy of this application.

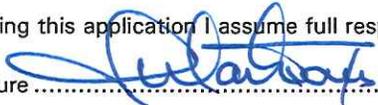
**INDEMNIFICATION** - The User (Organization) does hereby agree to indemnify, hold harmless and defend the School Board of Miami-Dade County, Florida against any claim, action, loss, damage, injury, liability, cost or expense of whatsoever kind or nature including, but not by way of limitation, attorney's fees and court costs arising out of injury to persons, or damage to property arising out of, or incidental to, the use or occupancy of the school facilities, including, but not by way of limitation, any injury to persons or property damage which occurs on or about the school facilities or on or about adjacent premises or ways used or occupied by the Organization or its agents, employees, customers, invitees, contractors or subcontractors, in connection with the school facilities. If the Organization is a state agency or subdivision as defined in section 768.28, Florida Statutes, nothing therein shall be construed to extend the Organization's liability beyond that provided in section 768.28, Florida Statutes.

Authorized Representative of Organization:

Print Name & Title Jimmy Morales

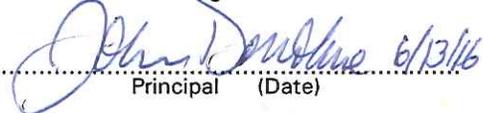
E-mail Address: jimmymorales@miamibeachfl.gov

In signing this application I assume full responsibility for payment of this account.

Signature  Phone No. (305) 673-7010

1700 Convention Center Drive Miami Beach 33139  
 Street Address City Zip

NOTE: Before this agreement becomes official it must bear the designated signatures.

 6/13/16  
 Principal (Date) Superintendent (Date)

**DO NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY**

INVOICE: All payments must be made according to the directions on the reverse side, delivered to the address given on the invoice.

A.M. _____	A.M. _____	BASIC CHARGE..... \$ _____
P.M. _____	P.M. _____	ADD'L.( ) _____
		OVERTIME _____ HRS. _____
A.M. _____	A.M. _____	BASIC CHARGE..... \$ _____
P.M. _____	P.M. _____	ADD'L.( ) _____
		OVERTIME _____ HRS. _____
A.M. _____	A.M. _____	BASIC CHARGE..... \$ _____
P.M. _____	P.M. _____	ADD'L.( ) _____
		OVERTIME _____ HRS. _____
		<b>TOTAL CHARGE .....</b> \$ _____