



ROCKY MOUNTAIN ACADEMY OF EVERGREEN
 2959 Royale Elk Way
 Evergreen, Colorado 80439
 (303) 670-1070

RMAE Athletic Field Usage Cost Agreement

Organization_____

Organization Description_____

Contact_____

Billing Address_____

City_____ State_____ Zip_____

Contact Phone _____ Cell Phone_____

Email_____

(Required)

Purpose of Rental_____

Number of Participants_____

Start/End Dates	Days	Start Time	End Time

(Signed RMAE Athletic Field Rental Contract and proof of Liability Insurance must accompany this form)

Usage of Porta Potty included in rental costs.

To Be Completed by RMAE Administrator

Rental Rate_____ per Participant/Hour (circle one)

Participants/Hours_____

Rental Cost_____ (Total lump sum or Monthly) (circle one)

RMAE Signature_____ Date_____

Renter Signature_____ Date_____