

CENTRAL CITY PUBLIC SCHOOLS
FACILITY USE REQUEST

Date Request Submitted _____

Name of Event _____ Organization _____

Requested Date(s) _____

Contact Information:

Printed User Name _____ E-mail _____

Complete Address _____

Phone # _____ Work Phone # _____

Alternate Contact Person _____ Phone # _____

Person Supervising Event _____ Phone # _____

Is this a non-profit organization? _____ Yes _____ No

Will there be an admission fee(s) or charge(s)? _____ Yes _____ No

Space/Location Request (Check those that apply)

Gymnasium _____ Classroom _____ Kitchen _____

Showers _____ Other _____

Please provide specific information regarding gymnasium, type of classroom, needs etc.

Other Equipment (Check those that apply)

Additional Equipment Considerations

PARKING: Parking is allowed only in designated areas. Vehicles in violation will be towed at the owner's expense.

HOLD HARMLESS CLAUSE: The Organization named above and the individual(s) signing on behalf of the User agree to defend, indemnify, and hold harmless Central City Public Schools its employees and agents for any expense, cost, loss, damage, claim, judgment or claims bill incurred or rendered against same, including attorney's fees and investigation expenses (pre-suit, suit, trial, appeal, and post appeal proceedings) on account of any intentional or negligent acts or omissions of the user or its employees, agents or servants, or any intentional or negligent acts or omissions of the district or its employees, agents or servants arising out of the use of any facility under this agreement.

THE ORGANIZATION USING THE FACILITY WILL BE RESPONSIBLE FOR THE PROPER CARE OF THE FACILITY. ANY DAMAGE MUST BE PAID FOR BY THE ORGANIZATION.

THE FACILITY IS A DRUG, TOBACCO AND ALCOHOL FREE-ZONE.

Signature of Request Applicant _____

For office Use Only

Type of Activity:

Class I _____ Class II _____ Class III _____

Facility Use Granted:

_____ Yes _____ No

Special Notes:

Fees:

Gymnasium _____ Kitchen _____
Classroom _____ Custodian/Hrs _____
Other _____ Deposit _____
Total Fee _____

Signature _____ Date _____