

Sultan School District

No. 311

APPLICATION TO USE SCHOOL BUILDINGS AND/OR GROUNDS

- | | | |
|--|--|--|
| Check One
<input type="checkbox"/> SHS
<input type="checkbox"/> SMS
<input type="checkbox"/> SES
<input type="checkbox"/> GBE
<input type="checkbox"/> DO
<input type="checkbox"/> EQUIP ONLY | Check All That Apply
<input type="checkbox"/> Commons (\$2/\$3 II/\$42 III/\$48 IV)
<input type="checkbox"/> Gym (\$2/\$3 II/\$42 III/\$48 IV)
<input type="checkbox"/> Library (N/C)
<input type="checkbox"/> HomeEc Room (\$2/\$3 II/\$20 III/\$32 IV)
<input type="checkbox"/> Exterior Lights
<input type="checkbox"/> Conference Room
<input type="checkbox"/> Turk Stadium Field
<input type="checkbox"/> Baseball Field
<input type="checkbox"/> Stadium Lights (\$5 II/\$10 III/\$15 IV)
<input type="checkbox"/> Restrooms inside or outside
<input type="checkbox"/> Energy Surcharge-flat rate (\$2 HomeEc/\$5 other) | Check All That Apply
<input type="checkbox"/> Tables # of tables
<input type="checkbox"/> Chairs # of chairs
<input type="checkbox"/> Sound Equipment (special request)
<input type="checkbox"/> Technology Needs (Contact Tech Department Direct)
<input type="checkbox"/> Classrooms by Permission Rm # _____
<input type="checkbox"/> Open/Close of Building (\$74)
<input type="checkbox"/> Press Box
<input type="checkbox"/> Softball Field
<input type="checkbox"/> Concessions (\$2/\$3 II/\$20 III/\$32 IV)
<input type="checkbox"/> Kitchen/Food Services (check rate)
<input type="checkbox"/> Grounds Only |
|--|--|--|

Event Day & Date _____ Recurring Yes No

If recurring, last day of use _____

If recurring, what days of the week? (check all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Setup Time _____ Out of the building by _____

Actual event starts at _____ and ends at _____

Technology needs _____

Organization Name _____

Building/Grounds will be used for _____

Contact Person _____

Cell Phone (including area code) _____

Email Address _____

Billing Contact Person _____

Billing Mailing Address _____

Billing E-Mail Address _____

Billing Phone (including area code) _____

The undersigned hereby makes application to the Sultan School "District" for use of facilities described above and certifies that the information given in the application is correct and the group/organization requesting use of the facilities and/or equipment does not, in fact, discriminate on the basis of race, color, religion, sex, age, or national origin. The undersigned further states that he/she has the authority to make this application for the applicant and agrees that the applicant will observe all rules and regulations of the Board of Education and Principal of the School in which the facilities are requested. The applicant agrees to exercise the utmost care in the use of school premises and property and to save the District harmless for all liability resulting from the use of said facilities. The applicant further agrees to reimburse the District for any damage arising from the applicant's use of said facilities. The applicant is required to furnish the District with current proof of Liability Insurance and such policy shall acknowledge that the Sultan School District is named as an additional loss payee by the insurance carrier and the policy holder. All pertinent rental or open/close fees shall be paid prior to the use of the requested facilities unless other arrangements are made ahead of time.

Applicant's Signature Date

Director of Operations Signature for Approval Date

Custodian: _____ **Open/Close or** __:__ **to** __:__

Copy of Insurance Received Yes No **Head Injury Policy Form** Yes No

Maintenance/Equipment Use Form Yes No **Tracking #** _____

Approval from Director of Operations

Confirmation to Applicant