

**Facilities Usage Rental Application and Agreement for
Use of District Property
TRIGG COUNTY PUBLIC SCHOOLS**

***Required**

1. Name of Sponsoring Group/Organization

2. Contact Person (Include name, phone number, email, and/or fax.)

Name	Phone Number	E-mail and/or Fax

3. Facility to be used (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Gym (High School, Middle School, or Elementary) | <input type="checkbox"/> Wildcat Diner |
| <input type="checkbox"/> Little Theatre | <input type="checkbox"/> Outdoor Facility/Sports |
| <input type="checkbox"/> Library (Include specific location.) | <input type="checkbox"/> Parking Lot |
| <input type="checkbox"/> Classroom(s) | |
| <input type="checkbox"/> Other: _____ | |

4. Gym Location (Mark only one oval per row.)

	HS Gym	MS Gym	Elem Gym	Stadium	Field House/ Weight Room
Gym Space Only	○	○	○	○	○
Concessions Area (HS or MS)	○	○	○	○	○
Goals Rolled	○	○	○	○	○
Bleachers Pulled	○	○	○	○	○
Backdrop/Staging	○	○	○	○	○
Tables and/or Chair Set-up	○	○	○	○	○
Gym Floor Covering	○	○	○	○	○

5. WILL THERE BE A NEED FOR HANDICAPPED ACCESSIBILITY TO THE HS GYM FLOOR?*(MARK ONLY ONE.)

- Yes
 No

6. Wildcat Diner -Indicate if food will be served. (Check all that apply.)

- Dining Room Only – No Food
- Dining Room – Food Served
- Use of Kitchen and Dining Area
- Sound and/or Projection Equipment
- Set-up – Tables/Chairs Moved

7. Technical Services (Check all that apply.)

- Sound System/Microphones
- Projection/Video Equipment
- Lighting (Little Theatre Only)
- Portable Screen

8. Equipment

If tables/chairs will be needed, indicate the number of each below:

9. Describe your activity:

10. Date(s) of Event

Include any practice dates that may be necessary and the beginning/ending time of each date.

11. Time Frame of Event

12. Estimated number of participants: (Mark only one.)

- 0-50
- 51-100
- 101-150
- 151-200
- 200+

13. Student Event Only (Mark only one.)

- Yes
- No

14. Will admission be charged?

- Yes
- No

15. Records Necessary (not for all applicants). Provide a copy of the following (Check all that apply.)

- Certificate of Insurance
- Proof of Non-Profit Status

16. Central Office Staff Use Only (Check all that apply.)

- Reviewed by IT
- Reviewed by Maintenance
- Reviewed by Wildcat Diner
- Added to District Calendar
- Quote Provided to Renter
- Signed Contract

17. After event, school staff to determine (Check all that apply.)

- Facilities/Equipment Checked by _____
- Invoice Mailed?
- Payment Received?

18. I have read and agree to adhere to Board Policy 05.3 and Board Policy 05.31 and all related procedures.

(Printed Name)

(Signature)

(Date)