



APPLICATION FOR FACILITY USE LICENSE

Name of the Organization: _____ Contact Person: _____

Cell Phone Number: _____ Email Address: _____

Address: _____
Street City Zip Code

Secondary Contact Person: _____ Secondary Contact Cell Phone Number: _____

Event Name/Description: _____

Youth Activity Adult Activity

Date(s) of Event: _____ Start Time: _____ End Time: _____

Day of the Week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Requested Facility: Grand Valley High School Grand Valley Middle School Bea Underwood Elementary School
 Center for Family Learning Administration Building School-based Family Resource Center
 Other: _____

Number of Participants: _____

Requested Area of the Facility: Gymnasium Auxiliary Gymnasium Library Kitchen Lobby
 Cafeteria Classroom(s) Number of Rooms _____
 Athletic Field Specify Field: _____

Special Request Equipment: _____

By signing this application, I affirm that I have read, understand, and agree to be bound by the Facility Use License Application Procedures and Facility Use License Terms & Conditions on the following pages. I understand that Facility Use License Terms & Conditions are subject to change at any time and without notice.

Signature

Date

This is an application only and does not constitute acceptance or approval by Garfield County School District 16. If the application is approved, payment in full must be made a minimum of one (1) week prior to use.

District Use Only

Approved By: _____ Date: _____

Group: A B C D Proof of Insurance Submitted Date: _____

Fee Charged: _____