

**USD 475 Geary County Schools, 123 N Eisenhower Drive, Junction City, KS 66441
(P) 785-717-4053 (F) 785-717-4064**

**REQUEST FOR USE OF SCHOOL FACILITIES
REQUESTS MUST BE RECEIVED A MINIMUM OF FOURTEEN (14) DAYS IN ADVANCE FOR USE OF FACILITY**

BUILDING: _____ AREA(S) REQUESTED: _____

SPECIFIC USE OF FACILITY: _____

Name of Organization (Please be Specific): _____

Status of Organization: Non-Profit / For Profit / School / City-County-State / Other _____

Person Requesting Use: _____ E-Mail: _____

Address (Street/City/State/Zip Code): _____

Name of Adult in Charge: _____ Phone # _____

**** CERTIFICATE OF LIABILITY INSURANCE – WE MUST HAVE A COPY OF THIS BEFORE PROCESSING REQUEST ****

DAY OF WEEK	DATE(S) OF ACTIVITY	BEGIN/END TIME
_____	_____	_____
_____	_____	_____

Special Set Up and/or Equipment Needed (If Any): _____

Will Admission be Charged (Y/N): _____ Amount _____ Is There a Participation Fee (Y/N): _____ Amount _____

For what purpose will proceeds (charges/fees) be used? _____

Number of Participants: _____ Adults / _____ Children / _____ Spectators / _____ Total

User Agreements

1. The user assumes full responsibility for care of the facilities and equipment and for picking up the area(s) after the activity.
2. The user will confine all activities to the area(s) specified in the permit, and use the restroom areas specified by the building custodian.
3. The user will provide adequate supervision, in the judgment of the school district, to assure proper care and use of the school property.
4. Exterior doors will remain locked and the user will be responsible for all persons entering that part of the building which they are using, regardless of whether or not all of those entering are members of the group which has been permitted to use the building.
5. The user will use only the school equipment specified in the permit and will not move or adjust anything without the supervision of the custodian.
6. The user will use the designated area(s) ONLY DURING THE TIME SPECIFIED ON THE PERMIT. Custodians are not authorized to extend time period or to supervise anyone after the designated ending time.
7. The user will not allow the use of ALCHOLIC BEVERAGES OR ANY TOBACCO PRODUCTS on USD 475 property.
8. The user understands the custodians are NOT AUTHORIZED to check out any additional equipment, nor open any additional areas not specified on permit.
9. The user will pay for any damages and/or additional custodian or food service time beyond the designated agreement.
10. The user will remove all property not belonging to the school district immediately after the last performance.
11. The user will inform the Chief Operating Officer of any problems or complaints
12. The user understands that failure to follow the above terms could result in cancellation of the permit with possible refusal of any future building use.
13. The Activity Supervisor will be made aware of procedures to follow in case of emergency. The district does not provide medical personnel or support staff.
14. The user understands that the district does not furnish supplies or personnel to deal with body spill cleanup.

I have read the User Agreements and will abide by all terms IF this request is approved.

Signature of Person Making Request: _____ Date: _____

****** YOU WILL RECEIVE NOTIFICATION OF DISPOSITION AND ESTIMATED CHARGES (IF ANY) ******

FOR DISTRICT USE ONLY

NOTES

Request is Supported / Denied Date: _____
Building Principal (Printed Name & Signature)

Request is Supported / Denied Date: _____
GCA Manager (Printed Name & Signature)

ESTIMATED FEES (ACTUAL FEES WILL BE BASED ON USE)

ABM Services (\$25.00 Per Hour / Per Person) (On-Site and/or Delivery Charges) _____ Man Hours X \$25.00 = \$ _____

Food Service (\$20.00 Per Hour / Per Person) _____ Man Hours X \$20.00 = \$ _____

Equipment Rental _____ X _____ = \$ _____

Equipment Rental _____ X _____ = \$ _____

Operational Costs (HVAC/Lights/Sound) _____ X _____ Hours = \$ _____

Operational Costs (HVAC/Lights/Sound) _____ X _____ Hours = \$ _____

Total: \$ _____

Approved / Denied Date: _____
Devin Center Representative (Printed Name & Signature)

School Dude Work Order # _____ Date Entered: _____