

**FACILITY USE APPLICATION**

Date of Application: \_\_\_\_\_ Check One:  Non-for Profit (submit proof of 501(c)3 status)  For-Profit

Name of Organization: \_\_\_\_\_

Binding Representative of Organization: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

**Facility Use Request Details**

Purpose of Facility Use (e.g. meeting, class, game, practice): \_\_\_\_\_

Dates	Day(s) of the Week	Times (include set up/clean up)	School Name/Spaces	Participants
				_____ # Adults _____ # Youth
				_____ # Adults _____ # Youth
				_____ # Adults _____ # Youth

Please describe how the space will be used, what types of activities will be taking place, the set up of the space, and any specific needs related to equipment.

Will children/adults pay to participate in the event?  Yes  No Will food and/or drinks be served?  Yes  No

*Vendors selling food and/or drink must be approved by Marketing and Community Relations and agree to follow board policy KF-EA.*

Signing below indicates my understanding that:

- Requests to use J.O. Combs facilities are to be initiated a minimum of ten (10) business days before the requested use. Requests made less than five (5) business days prior to the event may not be accepted or approved.
- Payment of projected fees is to be received by the District office within five (5) business days prior to the use date. Fees may be paid only in Money Order, Cashier's, Personal or Business check. Late payments will incur an additional \$35 fee.
- A valid Certificate of Liability Insurance naming J.O. Combs USD as an "additional insured" must be received by the District office five (5) business days prior to the date of facility use. Minimum limits are two million dollars (\$2,000,000) for bodily injury and ten thousand dollars (\$10,000) for property damage.
- Failure to provide notice of change or cancellation within five (5) business days of the event (for all facilities with the exception of the Combs Performing Arts Center) will result in a \$35 fee. Failure to provide notice of change or cancellation within fourteen (14) calendar days of the event for the Combs Performing Arts Center will result in a \$35 fee in addition to loss of initial \$150.00 deposit.
- Smoking and the consumption of alcoholic beverages are prohibited on District property at all times (Policy KF-EA); food and drinks are not allowed inside the gymnasiums or the Combs Performing Arts Center.
- A \$30 restroom restock fee may be applied depending on size and duration of events.
- A designated representative must have a copy of the rental permit while on site during the rental dates and times.
- When using the CPAC, the renter must also abide by all terms and conditions contained in the Master Agreement (Appendix A).
- I have read and agree to abide by the information contained in the Facility Rental Packet including all policies and exhibits therein.

Authorized Signature of Organization Representative \_\_\_\_\_

**For School Use Only**

Approved  Disapproved

Reason: \_\_\_\_\_

Custodial/Facility Ranger Personnel Needed:  Yes  No Hours Needed: \_\_\_\_\_

AV/IT Technician Needed:  Yes  No Hours Needed: \_\_\_\_\_

Security Personnel Needed:  Yes  No Hours Needed: \_\_\_\_\_

CPAC Venue Supervisor Needed:  Yes  No Hours Needed: \_\_\_\_\_

Staff Assigned to Event: \_\_\_\_\_ Phone: \_\_\_\_\_

Administrator Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**For District Use Only:**

Class \_\_\_\_\_ Proof of Insurance \_\_\_\_\_ 501(c)(3) \_\_\_\_\_ Invoice # \_\_\_\_\_

Use Contract:

Facility Rate \$ \_\_\_\_\_ x \_\_\_\_\_ hours = \$ \_\_\_\_\_

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Facility Rate \$ \_\_\_\_\_ x \_\_\_\_\_ hours = \$ \_\_\_\_\_

Personnel \$ \_\_\_\_\_ x \_\_\_\_\_ hours = \$ \_\_\_\_\_

Equipment \_\_\_\_\_ \$ \_\_\_\_\_

Additional Fees \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_ per \_\_\_\_\_ (event, week, month)

Marketing and Community Relations Department Approval \_\_\_\_\_ Date \_\_\_\_\_

Superintendent Approval (if necessary) \_\_\_\_\_ Date \_\_\_\_\_

Notes: