CLARKSDALE MUNICIPAL SCHOOL DISTRICT

526 South Choctaw Street
Clarksdale, MS 38614
662-627-8500

Facility Use Agreement

DIRECTIONS:

1. **Ensure that you are using the most current version of this form by downloading it from the District website prior to each use.**
2. **Complete a separate application for each facility/event requested (copy this form as needed).**
3. **Submit requests by email to clahayes@cmsd.k12.ms.us or by fax to 662-351-0532.**
4. **Requests may also be mailed to or delivered to the address above.**
5. **Applications must be received at least three (3) weeks prior to the requested use. Applications submitted on a weekend or District holiday are not considered received until the following business day.**

Please print legibly.

APPLICANT INFORMATION	
Organization Name:	
Organization Type: ☐CMSD School ☐PTA/PTSA ☐Booster Club/School Foundation ☐501(c)(3) Non-Profit ☐Other (explain)	
Responsable Party Name :	
Physical Address :	
City, State:	Zip Code :
Billing Address (if different) :	
City, State :	Zip Code :
Home Phone #	Cell Phone #
Work Phone #	Fax Phone #
Email Address :	

EVENT INFORMATION	
Event :	
Detailed Description of Event :	
Number of Participants/Performers :	Number of Spectators/Audience :
Will Admissions be Charged? ☐No ☐Yes	If yes, how much?
Will Merchandise be Sold? ☐No ☐Yes	

FACILITY INFORMATION

School/Facility Requested:

Room(s)/Area(s) Requested:

How do you plan to use the rooms requested (attach additional documents, if needed)?

SCHEDULE OF USE

Date(s) MM/DD/YYYY	Day of the Week	Purpose [1]	Load-in Time [2] Begin	Load-in Time [2] End	Time Doors Open [3]	Event Time [4] Begin	Event Time [4] End	Load-out Time [5] Begin	Load-out Time [5] End

1. What will the facility be used for on this date? For example, if request is for a basketball league, is this date for practice(s) or game(s)?
2. Time that the client needs to prepare the room(s) and setup prior to the start of the event.
3. Time that the doors open to the audience or group for entry prior to the start of the event, if applicable.
4. Time that the event begins and ends.
5. Time that the client needs after the event concludes to remove any setup and clear out of the space.

SUPPORT SERVICES

Indicate if you will need any of the following (check all that apply):

☐Use of audio, video, lighting, or technology equipment

☐Field Lights

☐School Resource Officers for Security (may be required for certain events)

☐Custodial Services (may be required for certain events)

☐Other (explain):

Are there any other needs or special requests (attach additional document, if necessary)?

Certificate of Insurance attached: ☐Yes ☐No

ACKNOWLEDGEMENT & SIGNATURE

By signing below, I acknowledge and understand the following:

- This form is solely an application and does not constitute a contract or approval of the requested use. Approval is subject to and contingent upon execution of a Facility Use Agreement; receipt of all specified fees, insurance, and supporting documentation; and compliance with all District policies and administrative rules.
- School and District use of facilities takes precedence over other uses.
- The individual/group/organization will work ONLY through the Clarksdale Municipal School District for facility use approval, scheduling, and modifications.
- The opportunity to use district/school facilities is non-transferable and may not be assigned.
- Changes to the requested/contracted use must be submitted in writing to the Clarksdale Municipal School District at least five (5) business days in advance or all charges will apply. No changes may occur until after written approval from the Clarksdale Municipal School District.
- No advertising, social media, or other internet source, materials, or broadcasts shall name the facility, Clarksdale Municipal School District, or any buildings or grounds either owned or operated by the District as the location of any event prior to the approval of the request and execution of a Facility Use Agreement.

_____ _____

Signature of Responsible Party Date

_____ _____

Signature of Organization Head if not the same as the Responsible Party Date

_____ _____

Signature of Principal (Approval) Date

_____ _____

Signature of Superintendent (Approval) Date

Name(s) of Supervisors Assigned:

_____ _____

_____ _____