CARL JUNCTION R-1 SCHOOL DISTRICT

FACILITY USE SCHEDULE ADDENDUM

(Supplement to Approved Annual Facility Use Agreement)

**This form is for the use of groups who have already completed a Facility Use Agreement Form for the 2026-2027 school year. Complete and return this form to high school athletic office, Natalie Craig, ncraig@cjr1.org.*

Agreement Year	July 1, 2026 - June 30, 2027
Organization Name	
Team Name *(optional)*	
Primary Contact	
Original Agreement Approval Date	

I. PURPOSE

This addendum may be used by organizations with an approved Carl Junction R-1 School District Facility Use Agreement to request additional dates, facilities, and activities during the approved agreement year. All terms, insurance requirements, fees, personnel requirements, hold harmless provisions, and Board Policy KG requirements contained in the original agreement remain in effect.

II. ADDITIONAL FACILITY REQUESTS

☐ Single Event

Date	Facility	Activity/Event	Start Time	End Time	Attendance

☐ Multiple Individual Dates

Date	Facility	Activity/Event	Start Time	End Time	Attendance

☐ Recurring Schedule

Facility Requested	Day(s) of Week	Start Date	End Date	Start Time	End Time
(i.e., - Turf Practice Field, HS Multipurpose)	*Mondays Wednesdays*	*X/XX/XX*	*X/XX/XX*	*5:00 PM*	*7:00 PM*

Estimated attendance of each occurrence:_____

III. EQUIPMENT / SPECIAL REQUESTS

_____

_____

_____

IV. PERSONNEL / SERVICES REQUESTED

☐ Custodial ☐ Maintenance/Grounds ☐ Press Box/AV Tech ☐ Security/Supervision

☐ District Equipment Needed (Describe Below)

_____

V. APPLICANT CERTIFICATION

I certify that all requested activities fall within the scope of the approved Facility Use Agreement and that the organization remains in compliance with all district facility use requirements.

Applicant Name (Printed): _____

Applicant Signature: _____ Date: _____

VI. DISTRICT APPROVAL *(to be completed by district admin.)*

Request Status	☐ Approved ☐ Denied ☐ Modified
Facility Fees	$
Personnel Fees	$
Other Fees	$
Total Charges	$

District Representative Name:_____

District Representative Signature: _____ Date: _____