

Customer Support Center
 Poudre School District
 2445 LaPorte Avenue
 Fort Collins, CO 80521
 Phone: (970) 490-3333
csc@psdschools.org



FACILITY USE REQUEST FORM - COMMUNITY INDOOR FACILITY USE

Fill out the following information and submit request to the Customer Support Center. Submission of request does not guarantee approval; reservation will not be confirmed until the Facility Use Permit and [Acknowledgement of Receipt](#) is received. Please allow 10 business days for processing. See [district policy KF – Use of District Facilities](#), [Facility Use Guidelines \(Community\)](#), [Building Rental Fees](#), and [Personnel Fees](#) for additional details.

Date: _____

Requester Name: _____ Email Address: _____

Organization Name: _____

On Site Emergency Contact: _____

Daytime Phone: _____ Evening Phone: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Event Description: _____

Age Group: ☐ Pre-K-12th Grade ☐ Adult

Liability Insurance: ☐ Yes ☐ No

Number Attending: _____

Note: All user groups must submit a certificate of insurance with this application. Additional information regarding insurance requirements and options for obtaining insurance can be found at <http://www.psdschools.org/departments/building-rental>.

Equipment and Service Needs:

☐ Chairs _____ Quantity _____

☐ Tables _____ Quantity _____

First Choice of Location

Location: _____ Space(s) Requested: _____

Start Time: _____ End Time: _____

Date (if one day only) _____

Complete the following if request is for multiple dates: _____

Start Date: _____ End Date: _____

To Be Held: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other (List): _____

Day(s) Held: ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday



Second Choice of Location

Location: _____ **Space(s) Requested:** _____

Start Time: _____ **End Time:** _____

Date (if one day only) _____

Complete the following if request is for multiple dates: _____

Start Date: _____ **End Date:** _____

To Be Held: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other (List): _____

Day(s) Held: ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Third Choice of Location (if applicable)

Location: _____ **Space(s) Requested:** _____

Start Time: _____ **End Time:** _____

Date (if one day only) _____

Complete the following if request is for multiple dates: _____

Start Date: _____ **End Date:** _____

To Be Held: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other (List): _____

Day(s) Held: ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Setup Instructions or Additional Information:

For Indoor events, please note the following:

- Doors will open at the time of your reservation. Please include any set-up/tear-down time in your request, as you will not be permitted entry earlier or later than your scheduled time.
- Users are responsible for returning the room to the same condition it was found upon arrival.
- The use of scoreboards is prohibited
- For any equipment setup or external personnel use, written approval must be obtained through CSC.
- Food and beverages (excluding water) are prohibited in gymnasiums. Consumption is permitted only in designated areas such as the cafeteria, commons, and flex room.