Hazlehurst City School District
Excellence is the Expectation
Dr. Nonya C. Thrasher, Superintendent
119 Robert McDaniel Drive Hazlehurst, MS 39083
PH: 601.894.1152 | FAX: 601.894.3170 | WEB: WWW.HAZLEHURST.K12.MS.US

APPLICATION FOR USE OF SCHOOL FACILITY

2026-2027 School Year

Date of application: _____ **Date requested:** _____
Facility Requested: _____
Description of Activity (Give a brief description of the activity and the purpose) _____
_____

Check facility desired and fill in dates, opening hour and closing hour. The rate is established on an hourly basis and a minimum two-hour session and **does not** include **custodial** and **supervisory** services deemed necessary by the Superintendent. Such rates **do not** include **security guards** or other services, which may be deemed necessary by the Superintendent and are the responsibility of the applicant. Total cost will be calculated in the last column by the Superintendent when application is received. **Opening and closing hours should include time needed for all decorating, arranging, and other pre-and post-function work.**

FACILITY/HIGH SCHOOL	DATE (S)	OPEN TIME	CLOSE TIME	HOURLY RATE	COST
Auditorium/Gym				$45.00	
Lunchroom (not kitchen)				$35.00	
Library				$35.00	
Visual Education Room				$35.00	
Band Room				$45.00	
Classroom				$35.00	
High School Gymnasium				$45.00	
OTHER				TBD	
Football Field				$50.00	
Custodial Services				$15.00	
Supervisory Services				$15.00	
TOTAL					

ELEMENTARY/MIDDLE SCHOOLS	DATE (S)	OPEN TIME	CLOSE TIME	HOURLY RATE	COST
Auditorium/Gym				$45.00	
Lunchroom (not kitchen)				$35.00	
Classroom				$35.00	
Playground				$50.00	
Custodial Services				$15.00	
Supervisory and Guard Services (when required)				$15.00	
TOTAL					

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The applicant understands that upon failure to comply with the Hazlehurst City School District Policy and any and all of the conditions stated therein, the Superintendent of the Hazlehurst City School District or its designee may terminate and cancel all privileges of the undersigned representative or group to use said facilities and/or equipment provided therein, but any failure to terminate such privileges for the breach of said conditions within any particular time period shall not constitute a waiver of the right to do so for any specific breach or as to any other violation of said requirements.

Furthermore, as authorized by board policy, the undersigned applicant understands that he shall be responsible for the costs of any repairs and/or replacements necessary due to any damages or destruction resulting from use of said building or equipment. The applicant agrees to hold harmless and indemnify the Hazlehurst City School District for any negligent or intentional acts.

The minimum amount of general liability for each event will be $250,000. The Hazlehurst City School District shall be named as an additional insured on the insurance policy.

Policy is hereto and incorporated herein as part of this application.

NOTE: ALL applicable fees and insurance requirement shall be presented and paid to HCSD at least *72 hours prior to the event.* No final arrangements will be made until all necessary payments and insurance have been submitted.

Group/Organization _____ **Address** _____

Representative Printed Name _____ **Representative Signature** _____

Title of Representative _____ **Office/Contact Number** _____

Principal _____ **Date** _____

Superintendent _____ **Date** _____

Business Manager _____ **Date** _____

District Sponsor _____

RETURN APPLICATION TO:

Hazlehurst City School District
119 Robert McDaniel Drive
Hazlehurst, MS 39083-3544