

# FACILITY AND GROUNDS REQUEST FORM

(Please PRINT LEGIBLY)

<b>ORGANIZATION</b>		<b>DATE(S) REQUESTED</b> (Include Year If more than 3 dates – use back of form)	
NAME:			
<b>CONTACT</b>		<b>PHONE:</b>	
NAME:			
EMAIL:			

I certify that I have read the Douglas County School District Community Use and Facilities Administration Regulation 707(a), and agree to all the conditions contained therein. I also understand that failure to comply with any of the provisions of this regulation will result in denial of future use.

Signed by: \_\_\_\_\_

Date: \_\_\_\_\_

## VENUE SPECIFICATIONS: (Having read Administration Regulation 707(a), indicate which category best describes your group)

1.  DHS Organization     DCSD Organization     Non-Profit Community Group     For-Profit Group
2. **“Non-Profit”** and **“For-Profit”** groups are required to address the issues checked below:  
 Liability Insurance     Legal Review (**Required**)     Fees (to be determined)     Superintendent Approval (**Require**)
3. Does your organization have a Reciprocity Agreement with the Douglas County School District?     Yes     No
4. Indicate the **purpose of use**, or description of event : \_\_\_\_\_

5. Will any fundraising occur?     Yes     No                      Will admission be charged?     Yes     No

6. If yes, what will the proceeds be used for? \_\_\_\_\_

7. **SITE ACCESS INFORMATION** (Indicate specific times below):                      **TOTAL # OF HOURS REQUIRED:** \_\_\_\_\_

<u>ARRIVE / ACCESS</u>	<u>EVENT START</u>	<u>EVENT END</u>	<u>DEPART site</u>
_____	_____	_____	_____

8. Specify any **special equipment** needed (if any): \_\_\_\_\_

9. **Set up instructions** (if any): \_\_\_\_\_

10. Specify DHS area(s) needed:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Baseball Field (JV or Varsity, circle one) | <input type="checkbox"/> Football Field                                 | <input type="checkbox"/> Main Library Presentation room <small>(notify Librarian)</small>                       |
| <input type="checkbox"/> Classroom (please specify _____)           | <input type="checkbox"/> Football Field Snack Bar                       | <input type="checkbox"/> Parking Lot (Lights required) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Commons                                    | <input type="checkbox"/> Gym: MAIN                                      | <input type="checkbox"/> Soccer field   |
| <input type="checkbox"/> Commons Snack Bar                          | <input type="checkbox"/> Gym: SMALL                                     | <input type="checkbox"/> Softball Field (JV or Varsity, circle one)   |
| <input type="checkbox"/> D Courtyard                                | <input type="checkbox"/> Kitchen (DCSD Personnel must be hired)         | <input type="checkbox"/> OTHER: <small>please specify</small> _____   |
| <input type="checkbox"/> Dance Room                                 | <input type="checkbox"/> Main Library <small>(notify Librarian)</small> |   |

## FEES: (if required, and to be determined by DHS personnel):

	<u>Hourly Rate</u>	X	<u># of Hours</u>	X	<u># of Staff</u>	=	<u>TOTALS</u>
..... Rental	.....		.....		0		.....
..... Custodial	.....		.....		.....		.....
..... Kitchen Personnel	.....		.....		.....		.....
..... Security	.....		.....		.....		.....
<b>GRAND TOTAL DUE</b>							

X \_\_\_\_\_  
Facility Administrator

X \_\_\_\_\_  
Director of Business Services (if required)

X \_\_\_\_\_  
Superintendent (if required)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## APPLICATION

**APPROVED** (only after form fully completed)

**DENIED**