

**COMMUNITY USE OF SCHOOL DISTRICT FACILITIES & EQUIPMENT
APPLICATION FORM**

The undersigned entity makes application for the use of the school district facility or equipment as designated below. The entity will provide police protection at its own expense, if necessary, to maintain order and to properly protect the building, site, or equipment.

Please refer to school board policy to determine the proper use of school facilities and equipment. The entity is responsible for complying with the law, board policy and the administrative regulations.

The entity must provide proof of insurance prior to the use of school district buildings, sites, or equipment.

To be completed by individual making request:

DATE OF REQUEST: _____

Person Making Request: _____ Phone No. : _____

Person/Group Using Equipment/Facilities: _____

Reason for Request: _____

Facility Requested: _____

The person/group affirms that all adults using facilities have been checked on Iowa's Sex Offender Registry (SOR). This is to confirm that no one entering the building or working with children is on the SOR. (Printed name and signature required)

Printed Name

Signature Required

If using classrooms, attach a list of classrooms requested or attach a map.

Concession Stand:

____ Will operate our own concession

____ Will have a school organization operate the concessions. Name of group: _____

Additional Equipment Requested: (Projection system, bleachers pulled out, podium, etc.): _____

Specific Date(s) Requested: _____

Specific Time(s) Facilities are Needed: _____ Actual Time of the Event: _____

Responsible Adult: _____

Address: _____ Phone No.: _____

TO BE COMPLETED BY BUSINESS OFFICE:

Date Received: _____

Superintendent's Approval: _____ Board Approval If Necessary: _____

Custodial/Cook Required: Yes _____ No _____

_____ Custodian(s) How Many _____ Hours Needed _____

_____ Food Service How Many _____ Hours Needed _____

_____ \$50 Minimum Fee Required When Using Kitchen Area

Custodial/Cook Arrangements Completed: Yes _____ No _____

Note Arrangements: _____

Arrangements of Keys: _____

Charge: (Note Items and Cost): _____

Charge Paid to Central City Schools: Yes _____ No _____

Custodial Hours: Start Time: _____ End Time: _____ Total Hours: _____

Food Service Hours: Start Time: _____ End Time: _____ Total Hours: _____

Total Fee \$ _____

Upon completion of the event, the area has been checked and no damages were found. Area is in the same condition as the group used.

Site Supervisor Signature: _____

Buildings and Grounds Supervisor: _____

(Submit to the business office when completed)