

**KIRBY SCHOOL DISTRICT 140
APPLICATION FOR USE OF DISTRICT FACILITIES**

Please Print:

Organization Requesting Use of District Facilities: _____

Authorized Representative:	Title:	Home/Business Phone:
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Mailing Address:	City/State/Zip:
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Event Supervisor:	Home Phone:	Business Phone:
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Insurance Company:	Policy Period:
	From: _____ To: _____

(Attach Certificate of Insurance naming Kirby School District 140 as the Additional Insured.)

***State Law requires that school districts have readily available for emergency use "Automated External Defibrillator's" in each facility. There is signage in all gymnasiums as to the location of the defibrillator's. A location map will be supplied for each building that we have confirmed for your groups to use. It will be mailed along with your building confirmation.**

Facility Requested:	Day(s) Requested: * REVERSE SIDE CALENDAR MUST BE COMPLETED *
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Area(s) Requested:	Time facility to be reserved (we will add prep & clean-up time)
	From: _____ am/pm To: _____ am/pm
	ADMINISTRATION ONLY (actual time facility open to the public)
	From: _____ am/pm To: _____ am/pm

Type/Purpose of Activity: _____

Expected Attendance:	Age Group:	No. of Adult Supervisors:
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Refreshments: no yes If yes, type to be served: _____

Special arrangements/or custodial set-up requested:

The above listed Organization Authorized Representative and Event Supervisor have read the Kirby School District 140 Administrative Procedure 800.12 Use of School Facilities and by signing this application, agree to abide by all rules and regulations as listed in the Hold Harmless Affidavit, Section IX.

If use of a gymnasium or other indoor athletic facility or any outdoor athletic facility is requested, you must name a Designated Individual with Supervisory Responsibility.

Designated Individual: _____ Phone numbers incl. cell: _____

This person must be trained in and required to follow AED emergency procedures. DISTRICT PERSONNEL DO NOT PERFORM THIS FUNCTION. If the Designated Individual with Supervisory Responsibility is not present, NO organization may begin or continue use of any gymnasium, other indoor athletic facility or any outdoor athletic facility.

Authorized Representative _____ Date _____

FOR OFFICE USE ONLY

Refreshments:	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved with changes.....	<input type="checkbox"/> Denied
Building Review:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	

Building Administrator _____ Date _____

Remarks:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">_____ am/pm</td> <td style="width: 50%; text-align: center;">_____ am/pm</td> </tr> <tr> <td style="text-align: center;">(prep)</td> <td style="text-align: center;">(clean-up)</td> </tr> <tr> <td colspan="2">Fee to be charged: \$ _____</td> </tr> <tr> <td colspan="2">Deposit Due Date: ONE WEEK before building is used.</td> </tr> </table>	_____ am/pm	_____ am/pm	(prep)	(clean-up)	Fee to be charged: \$ _____		Deposit Due Date: ONE WEEK before building is used.	
_____ am/pm	_____ am/pm								
(prep)	(clean-up)								
Fee to be charged: \$ _____									
Deposit Due Date: ONE WEEK before building is used.									

Exclusion Dates for Continuing Contracts: _____

Building Administrator _____ Date _____