

ATLANTIC COMMUNITY SCHOOL DISTRICT USE OF SCHOOL FACILITIES APPLICATION

Title of Event/Activity: _____

Person(s) Responsible: _____ Home Phone: _____

(This person(s) will be in charge and present during entire event.)

Nature/Purpose of Activity: _____

Open to Public? Yes No Admission Charged? Yes No Food Being Served? Yes No

Equipment/Items Being Brought In? _____

Date(s) Requested: _____ Time(s) _____

Building(s) to be used: _____ Area(s) to be used: _____

Equipment Needed (if applicable): List ALL items needed!! (EX: PA system, microphones, basketballs, etc.)

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

Special Instructions For School District: (EX: Set-up risers, nets set up, piano rolled out, etc.) Attach additional sheet(s) to this form if needed!

1. _____
2. _____
3. _____
4. _____
5. _____

I certify that I have read, understand, and agree to adhere to the rules, conditions, and regulations for the use of Atlantic Community School District facilities and equipment. I further accept that as the person responsible on this application and for the group sponsor in whose name the permit is issued jointly assume full responsibility/liability for any damage, loss, or personal injury resulting from the use of Atlantic Community School District facilities and/or equipment. I understand that if, in the discretion of the Atlantic Community School District, there is any damage, loss, or personal injury resulting from the use of the facilities and/or equipment, I will be billed for said damages and will be required to pay said damages immediately. I further understand I may be required to provide proof of liability insurance coverage.

Person Responsible _____ Date _____
(Signature) (Printed)

If school is closed because of weather conditions, facilities will not be available for your use.

Application Taken By _____ Date: _____ CO APPROVAL _____ Date: _____

Approved/Rejected Food Service/Janitorial Supervisor _____ Date: _____

Approved/Rejected PRINCIPAL or Designee: _____ Date: _____

COMMENTS: _____

Copies and Dates Distributed:

____ HS Custodial Staff ____ HS Secy ____ MS Custodial Staff ____ MS Secy ____ SE Custodial Staff ____ SE Secy
____ WA Custodial Staff ____ WA Secy ____ CCEOC ____ Maint./Op. Supr. ____ Food Service Supr. ____ Media Center

Charges (if applicable):

Fee Class Designation: I II III
Facility(ies) Fee: _____
Equipment/Staffing Fee: _____
Lights/Sound Staffing Fee: _____
(Staff Member: _____)
Total Due: _____

Payment:

Amount Paid: _____
Date Received: _____
Check Number: _____
Received By: _____

COMMENTS _____
