



APPLICATION FOR USE OF SCHOOL FACILITIES

ALL INFORMATION MUST BE SUBMITTED BEFORE APPLICATION CAN BE PROCESSED. APPLICATION MUST BE FILED WITH THE SCHOOL ADMINISTRATOR NOT LESS THAN TWO WEEKS BEFORE INTENDED USE. FEES MUST BE PAID, FACILITY USE AGREEMENT SIGNED, AND CERTIFICATE OF INSURANCE PROVIDED BEFORE THE EVENT IS SCHEDULED. MAKE CHECK PAYABLE TO THE SCHOOL.

1. Sponsoring Organization / Individual _____ Phone _____	
Address _____ (Street) (City) (State) (Zip Code)	
2. School _____	
Address _____ (Street) (City) (State) (Zip Code)	
3. Facilities Requested _____ Equipment / Services Requested _____	
4. Event Date(s)	Beginning Time _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	Ending Time _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
5. Sponsored Event _____ No. of Participants _____	
Individual in Charge of Event _____ No. of Chaperones _____	
6. Is the motive or operational structure of your Organization to make a profit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Personnel? <input type="checkbox"/> Yes <input type="checkbox"/> No Collecting fees for event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your organization solicit fees, dues, or contributions from participants or public? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fees, dues, or contributions received by your organization to be used for: <input type="checkbox"/> School District <input type="checkbox"/> Welfare	
<input type="checkbox"/> Charitable <input type="checkbox"/> Profit <input type="checkbox"/> Community <input type="checkbox"/> Other _____	
7. Describe sponsoring organization / individual and nature of event:	

The undersigned agrees to pay applicable fees and certifies that he or she is familiar with, and will abide by, Nebo School District Policy KA, *School Facility Use*. The undersigned shall be liable for any and all claims or damages resulting from use of the school facilities, including but not limited to, personal injury and damage to school property, and any costs, fees, and damages resulting from the user's failure to comply with any federal, state, or local law or regulation. The undersigned shall ensure the prompt and proper adjustment of all such claims.

Signature Printed Name Date

NOTE: When schools are closed because of inclement weather, all facility use is cancelled. Users are responsible for notifying their participants.

SCHOOL USE ONLY

Classification Use

Class I
 Class III
 Class IV
 Class V
 Class VI
 Class VII
 Class VIII

CALCULATION OF FEES

	No.	X	Cost	X	Hours	=	Fee
1. School Facility							
Auditorium – HS	_____		_____		_____		_____
Auditorium – HS [addnl room(s)]	_____		_____		_____		_____
Baseball/Softball Field	_____		_____		_____		_____
Cafeteria	_____		_____		_____		_____
Cafeteria (w/ kitchen)	_____		_____		_____		_____
Cafetorium	_____		_____		_____		_____
Classroom(s) (w/ 30 capacity or less)	_____		_____		_____		_____
Court Yard	_____		_____		_____		_____
Dance Room	_____		_____		_____		_____
Football Field (w/ lights)	_____		_____		_____		_____
Football Field (w/out lights)	_____		_____		_____		_____
Gym – Elementary	_____		_____		_____		_____
Gym – HS Main	_____		_____		_____		_____
Gym – HS Auxiliary Gym, Jr. H	_____		_____		_____		_____
Indoor Practice Field	_____		_____		_____		_____
Little Theater	_____		_____		_____		_____
Multi-Purpose Room (w/ capacity over 30)	_____		_____		_____		_____
Playing Fields	_____		_____		_____		_____
Parking Lot	_____		_____		_____		_____
Tennis Court	_____		_____		_____		_____
Wrestling Room	_____		_____		_____		_____
2. Summit Center							
Auditorium	_____		_____		_____		_____
Classroom(s) (w/ 30 capacity or less)	_____		_____		_____		_____
Gym – Auxiliary Gym	_____		_____		_____		_____
Multi-Purpose Room (w/ capacity over 30)	_____		_____		_____		_____
Parking Lot	_____		_____		_____		_____
3. Additional Costs							
Additional Personnel	_____		_____		_____		_____
Replacement of Supplies	_____		_____		_____		_____
						Subtotal	\$ _____
4. Security / Cleaning Deposit (separate check held by school)							\$ _____
						Total	\$ _____

Fees and Deposit (paid)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Facility Use Agreement (executed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificate of insurance (“Nebo School District” named additional insured)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Endorsement	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information

Application Approval Approved Disapproved

Signature of School Administrator _____ Date _____