Sunflower County Consolidated School District

Mrs. Miskia Davis, Superintendent
"United For Excellence"

Facility Rental Application   Date _____

Name of person making application _____

Street Address_____Telephone_____

Name of organization_____

Street Address_____Telephone_____

Name of head of organization_____

Street Address_____Telephone_____

School facility wanted_____

State your reasons for wanting to use the facility:

_____

_____

Name of person to be in charge _____ Telephone _____

Will admission be charged? _____ Will funds be solicited? _____

Will merchandise be sold? _____ Use Date(s) _____

Length of use _____ Hours opening time _____ Closing time _____

Estimated number of participants: _____ Adults _____ Children

Who will serve as the school 'TURNKEY' person that will open the building for you, and ensure

that it is secured upon completion of your event? _____

Facility Rental Application

Who will ensure facilities are clean and conducive for students upon completion of event?

_____

Name(s) of Supervisors Assigned:

_____   _____

_____   _____

PLEASE NOTE:
1. Any event that is 'for profit' must be charged a rental fee.
2. The Board and/or Superintendent is not allowed to waive rental fees.
3. Only current students and staff can use the facility for funerals without a rental fee.
4. All events must provide proof of the required insurance.
5. Refunds will not be given on any facility rental agreement.
6. It is at the discretion of the Principal, Superintendent or School Board to deny usage of a facility.
7. All usage of any facility must pay a rental fee with the exception of the classes listed in policy.
8. Rental agreements can be terminated at any time by the Superintendent and/or Board of Trustees at the recommendation of the building level administration.

I certify that the information given above is true to the best of my knowledge. I understand that this agreement shall become null and void should any changes be made to the agreement with Superintendent and Board of Trustees approval. I understand that the SCCSD will not be responsible for compensating any individual associated with this event, to include SCCSD faculty and/or staff members.

Certificate of Insurance attached: Yes___No___ **Payment included:** Yes___No___Waived___

Applicant's Signature_____Date _____

For office use only:	
_____	_____
(Principal's Approval)	(Date)
_____	_____
(Director of Organizational Support)	(Date)
_____	_____
(Superintendent's Approval)	(Date)