

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

Sunflower County Consolidated School District
"United For Excellence"

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? _____

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

Name(s) of Supervisors Assigned:

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 _____

(Principal's Approval) (Date)

(Director of Organizational Support) (Date)

(Superintendent's Approval) (Date)