

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

Facility Rental Application

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 facilities are clean and conducive for students upon completion of 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 _____ Date _____

For office use only:

(Principal's Approval)

(Date)

(Director of Organizational Support)

(Date)

(Superintendent's Approval)

(Date)