

**Sunflower County Consolidated School District**

Dr. Debra Dace, 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

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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)