

## 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)