



2220 Veteran's Parkway, Jeffersonville, Indiana 47130
(812) 288-4821

FACILITIES USAGE APPLICATION

Name of Organization _____

School/Location _____

Area Desired _____

List all rooms and/or areas requested

Date(s) of Event _____

Number of Hours _____

Time Doors Open _____

Time Doors Close _____

Date(s) of Rehearsal _____

Number of Hours _____

Time Doors Open _____

Time Doors Close _____

If usage is for a season or an extended period, list frequency (day[s] of week) and beginning/ending dates: _____

Nature of Program _____

Proceeds for Benefit of _____

Special Equipment Desired _____

Is heating or air conditioning required? _____ Yes _____ No

_____ For non-GCCS sponsored groups, a copy of the organization's non-profit certificate*, if applicable, and liability insurance certificate in the amount of \$1 million are required and attached. Check here _____ if forms are already on file in the Auxiliary Services Office.

*Organizations that are not non-profit must meet the conditions of Policy 1330, # 10 through # 12.

_____ For swimming pool usage, a certified lifeguard must be in attendance at all times. A copy of the lifeguard's certification is required and attached.

_____ For student participant groups: _____ Group is composed of at least 90% GCCS students.
_____ Group is composed of at least 51% GCCS students.
_____ Group is composed of less than 50% GCCS students.

Applicant will _____ will not _____ charge an admission fee. Expected attendance is approximately _____ persons.

APPLICANT ACKNOWLEDGEMENT:

We have read and fully understand the rules and regulations of the Board of School Trustees governing the use of these facilities as listed in Policies 1330, 1330.1, and Fee Schedule previously received/reviewed. We agree to the strict observance of these rules and regulations, and to be responsible for any damage to school property due to such use.

Printed Name of Applicant Title

Address

Signature of Applicant City State Zip

Date Telephone

FACILITIES USAGE APPLICATION

BUILDING LEVEL APPROVAL

The applicant meets the eligibility requirements and the intended use is in accordance with School Board Policies. Prescribed fees will be collected and this request is duly approved pending final authorization from the Auxiliary Services Office.

This event is _____ is not _____ school sponsored.

_____	_____
Date	Principal
_____	_____
Telephone	School

AUXILIARY SERVICES OFFICE APPROVAL

\$ _____ Estimated Total Fee. Includes fees for custodial and cafeteria personnel, building equipment, etc.

Additional personnel and quantity required for event (scheduling and cost of personnel is the responsibility of the applicant/organization):

- _____ security officers(s),
- _____ parking lot attendant(s),
- _____ other _____.

Final billing will be made to the applicant after the conclusion of the activity. Make check payable to: Greater Clark County Schools.

Fees assessed and permit authorized in accordance with rules and regulations of the Board of School Trustees.

Approving Official

ADMINISTRATIVE APPROVAL (FOR PROFIT ORGANIZATIONS)

The applicant has demonstrated that it meets the conditions of Policy 1330, # 10 through #12.

Superintendent

- cc: Office File
Building Principal
Facilities Supervisor
Energy Manager