



Auxiliary Services  
2220 Veteran's Parkway  
Jeffersonville, IN 47130

Phone: (812) 288-4821  
Fax: (812) 288-4897

**FACILITIES USAGE APPLICATION**

**BUILDINGS ARE NOT AVAILABLE DURING FALL BREAK, WINTER BREAK,  
SPRING BREAK, OR ELECTION DAY FOR ANY NON-GCCS SPONSORED EVENT**

Name of Organization \_\_\_\_\_

School/Location \_\_\_\_\_

Area Desired \_\_\_\_\_

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 7510, J through L.

\_\_\_\_\_ 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. Name of Lifeguard \_\_\_\_\_

\_\_\_\_\_ 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 Policy 7510, Facilities Usage Application, 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/E-mail Address

**FACILITIES USAGE APPLICATION**

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**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/GCCS Corporation sponsored.

_____	_____
Date	Principal /Cell Phone/Telephone Number
_____	_____
Telephone	School

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**AUXILIARY SERVICES OFFICE APPROVAL**

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

In case of cancellation on day of event by the applicant, the applicant must notify Principal or Approving Official to avoid a \$60.00 cancellation fee being charged. If the School Corporation cancels the use of the facility due to an emergency circumstance or due to inclement weather, the applicant will be notified as soon as practical and GCCS will work with the applicant to reschedule the event date. GCCS reserves the right to determine when a facility will be closed due to inclement weather, including weekend use. It is the applicant or sponsoring organization's responsibility to check with the Principal or Approving Official for verification that the facility is available.

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

- \_\_\_\_\_ Custodial Overtime
- \_\_\_\_\_ Cafeteria Overtime **(Use of kitchens or serving lines will require a Food Service employee to be present. Cafeteria personnel will be billed separately.)**
- \_\_\_\_\_ Building Rental
- \_\_\_\_\_ 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.

\_\_\_\_\_  
Todd Givens, Lead Supervisor of Facilities

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**ADMINISTRATIVE APPROVAL (FOR PROFIT ORGANIZATIONS)**

The applicant has demonstrated that it meets the conditions of Policy 7510, J through L.

\_\_\_\_\_  
Superintendent

- cc: Office File  
Building Principal  
Facilities Supervisor  
Energy Manager