



APPLICATION FOR USE OF SCHOOL FACILITIES

ALL INFORMATION MUST BE SUBMITTED BEFORE APPLICATION CAN BE PROCESSED. APPLICATION MUST BE FILED WITH THE SCHOOL ADMINISTRATOR NOT LESS THAN TWO WEEKS BEFORE INTENDED USE. FEES MUST BE PAID, FACILITY USE AGREEMENT SIGNED, AND CERTIFICATE OF INSURANCE PROVIDED BEFORE THE EVENT IS SCHEDULED. MAKE CHECK PAYABLE TO THE SCHOOL.

1. Sponsoring Organization / Individual _____
 Address _____
 _____ (Street) _____ (City) _____ (State) _____ (Zip Code)
 Phone _____
 _____ (Work) _____ (Home)

2. School _____
 Address _____
 _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

3. Facilities Requested _____
 Equipment / Services Requested _____

4. Event Date(s)	Beginning Time	Ending Time
_____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
_____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
_____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
_____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
_____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
_____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

5. Sponsored Event _____
 No. of Participants _____ No. of Chaperones _____
 Individual in Charge of Event _____

6. Is the motive or operational structure of your Organization to make a profit?
 Yes No

Paid Personnel? Yes No

Collecting Fees For Event Yes No

Does your Organization solicit Fees, Dues, or Contributions from Participants or Public?
 Yes No

Fees, Dues, or Contributions received by your Organization to be used for:

School District Welfare Charitable Profit

Community Other _____

7. Describe sponsoring Organization / Individual and Nature of Event:

The undersigned agrees to pay applicable fees and certifies that he or she is familiar with, and will abide by, Nebo School District's "School Facility Use Policy" (Policy #KA). The undersigned shall be liable for any and all claims or damages resulting from use of the school facilities, including but not limited to, personal injury and damage to school property, and any costs, fees, and damages resulting from the user's failure to comply with any federal, state, or local law or regulation. The undersigned shall ensure the prompt and proper adjustment of all such claims.

 (Signature) _____ (Date)

 (Printed Name)

NOTE: When schools are closed because of inclement weather, all facility use is cancelled. Users are responsible for notifying their participants.

SCHOOL USE ONLY

Classification Use

Class I Class III Class IV Class V Class VI Class VII

CALCULATION OF FEES

1. SCHOOL FACILITY

	No.	x	Cost	x	Hours	=	Fee
HS Auditorium	_____	_____	_____	_____	_____	_____	_____
HS Auditorium [addnl room(s)]	_____	_____	_____	_____	_____	_____	_____
Summit Center Auditorium	_____	_____	_____	_____	_____	_____	_____
HS Main Gym	_____	_____	_____	_____	_____	_____	_____
HS Auxiliary Gym, Jr. H Gym, & Summit Ctr. Gym	_____	_____	_____	_____	_____	_____	_____
Indoor P. Facility	_____	_____	_____	_____	_____	_____	_____
Elementary Gym	_____	_____	_____	_____	_____	_____	_____
Little Theater	_____	_____	_____	_____	_____	_____	_____
Cafeteria	_____	_____	_____	_____	_____	_____	_____
Cafeteria (w/ kitchen)	_____	_____	_____	_____	_____	_____	_____
Cafetorium	_____	_____	_____	_____	_____	_____	_____
Multi-Purpose Room & Summit Ctr. Rm (with capacity over 30)	_____	_____	_____	_____	_____	_____	_____
Court Yard	_____	_____	_____	_____	_____	_____	_____
Classroom(s) & Summit Ctr. (with 30 capacity or less)	_____	_____	_____	_____	_____	_____	_____
Dance Room	_____	_____	_____	_____	_____	_____	_____
Wrestling Rm	_____	_____	_____	_____	_____	_____	_____
Football Field (w/o lights)	_____	_____	_____	_____	_____	_____	_____
Football Field (w/ lights)	_____	_____	_____	_____	_____	_____	_____
Soccer Field	_____	_____	_____	_____	_____	_____	_____
Baseball/Softball Field	_____	_____	_____	_____	_____	_____	_____
Tennis Court	_____	_____	_____	_____	_____	_____	_____
Playing Fields	_____	_____	_____	_____	_____	_____	_____
Parking Lot	_____	_____	_____	_____	_____	_____	_____
Subtotal							\$ _____

2. ADDITIONAL COSTS

Additional Personnel	_____	_____	_____	_____	_____	_____	_____
Replacement of Supplies	_____	_____	_____	_____	_____	_____	_____
Subtotal							\$ _____
Total							\$ _____

SECURITY / CLEANING DEPOSIT

\$ _____

Fees and Deposit (paid) Yes No

Certificate of Insurance ("Nebo School District" named additional insured) Yes No

Endorsement Yes No

Facility Use Agreement (executed) Yes No

Additional Information

Application Approval Approved Disapproved

 (Signature of School Administrator)

 (Date)