

# EVERGREEN SCHOOL DISTRICT

## Application for Use of School Facilities for Public Purposes

Name of Organization: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Facility Requested: \_\_\_\_\_ Email Address: \_\_\_\_\_

Purpose of Use: \_\_\_\_\_

No. of Participants: Adults: \_\_\_\_\_ Children: \_\_\_\_\_ Kitchen Facilities: Yes \_\_\_ No \_\_\_

Dates Requested: (Attach additional sheet of paper if needed)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Room Set-up: (chairs only, theater style, tables & chairs, extra tables etc.)

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### **APPLICANTS MUST ENFORCE STATE LAW PROHIBITING ALCOHOL AND SMOKING ON SCHOOL PROPERTY INCLUDING ON OUTSIDE AREAS.**

All applicants must provide a certificate of insurance verifying the applicant's liability coverage for a minimum of two million dollars and showing Evergreen School District as both the "certificate holder" and "additional insured."

The use of District rooms and kitchen facilities during the evening or weekend require the paid presence of a custodian and/or Child Nutrition Services Assistant if the kitchen facility is used. The custodian needs to be present during the activity, and an hour before and after the activity to set up the room and clean up.

**Cancellations: In the event the above event is cancelled, a 24-hour notice of cancellation must be given to the school site involved either by telephone or in writing.**

Rental Fee:	\$ _____	_____ Hours @ _____
Custodian:	\$ _____	_____ Hours @ _____
Child Nutrition Services Asst.	\$ _____	_____ Hours @ _____
Total Fee:	\$ _____	_____ Hours @ _____

Approved

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Business Officer

\_\_\_\_\_  
Date