APPLICATION FOR USE OF SCHOOL FACILITIES Arnold Public Schools

Name of Organization Making R		Date:		
Type of Organization and Type of Event or activity that is of approved school-community and approved agency su	of Activity or Event designed to service students on ity associations and school-ach as educational entity or un	of the District or which is affiliated non-profit group, at of city, county or state a	related to a s. <i>Describe</i> governmen	iny function of the District, including t. Describe:
Other Describe:	rity of the members reside wi	thin the District. Describe	e:	
Other. Describe.				
Facilities Requested. Building: _	Aı	reas:		
	Dates &	Times Requested:		
Dates (From – To)	Time (From – To)	Repeating	# Wks.	
		Yes No		
-	_ -	Yes No Yes No		_
L		1 es No	_	
	Details of Use (Attach an			
Describe the Type of Activity or E	vent:			
No. of Anticipated Users and Speci	tators: Concessions/F	Good Served: Yes No	Describe:	
Set Up or Tear Down Required by	District:			
Type of Cleaning Required During	and Afterwards:			
Special Equipment to be Used (Dis				
Special Equipment to be Osed (Dis	trict & Organization).			
Fees (To Be Completed by Sup	erintendent or Designee)	Advance Depos		\$
		Date Deposit Du	ue	
Type Processing	Amount	Annlicant shall	procure a	t its own expense, a Comprehensive
Access				ce policy naming the District as an
Custodial		additional insu	red. Thi	s policy shall be written with a
Kitchen				O Combined Single Limit per
Special Equipment Monitoring				of Insurance evidencing coverage the Applicant's use.
Security		must be submitt	eu prior to	the Applicant's use.
		Insurance requir	rement wai	ved: Yes No (for school official
Total		to complete)		
	Policy Compliance	and Acceptance of Liab	ility	
This application is subject to the t policy are incorporated into this ap				cy. The terms and conditions of that onditions.
Policy. We understand that we ar relative to their condition. It shal responsibility for the facilities whi occur while our group is using the	re accepting the use of the fa ill be our responsibility to che le they are being used by our e facility. We agree to inden ille we are using the facility:	acility from the Arnold Pu eck the facility to see that group and will make full mnify and hold the school	ublic Schoon at it is safe I restitution I district ha	e facilities on this form and in Board ols with no assurances or guarantees for our intended use. We take full a for any and all damages which may armless for any and all accidents and school district or its personnel. We
Name, Position	Sign	nature		Date
Name, Position	Sign	nature		Date