

APPLICATION FOR BUILDING / FACILITY USE

Step #2 – Please Print or Type

Step #2: Only approved registered applicants can apply for actual building/facility use.
Application must be received no less than two weeks prior to event for application consideration.

APPLICANT NAME: _____ **APPLICATION DATE:** _____

GROUP/ORGANIZATION NAME (if applicable): _____

PHONE #: _____ **EMAIL ADDRESS:** _____

ACCEPTANCE OF RESPONSIBILITY:
 As a user or representative of a user group/organization of Jefferson County School District 509-J buildings, facilities &/or equipment, I acknowledge receipt of a copy of the district’s facility use policy, including the administrative regulations. I understand the use of certain equipment may require supervision by District personnel and additional fees. I further understand that JCSD 509-J programs have priority over other building use and this application may be subject to change. If this application is approved, I, an authorized representative, hereby accept responsibility for any fees &/or deposit payments, as well as any expenses for loss or damage. A written notification of cancellation of this event must be submitted to the building representative no less than 48 hours prior to the scheduled event in order to qualify for any partial or full refund of deposit.

APPLICANT SIGNATURE: _____

BUILDING/FACILITY REQUESTED: _____

SPECIFIC AREA(S)/ROOM(S) REQUESTED: _____

EVENT/ACTIVITY (Describe): _____

ANTICIPATED # OF ATTENDEES/PARTICIPANTS: _____

Mark All Applicable:

MEETING EDUCATION OTHER _____

ATHLETIC PERFORMANCE FOOD TO BE PREPARED ON SITE FOOD TO BE SOLD ON SITE

SPECIAL NEEDS: _____

REQUESTED EVENT/ACTIVITY DATE(S): Start Date _____ End Date _____

DAYS OF WEEK: M T W TH F SA SU **RECURRING EVENT?:** YES NO

REQUESTED HOURS OF USE: Start Time _____ am/pm End Time _____ am/pm

DOORS TO OPEN _____ **ELEVATORS UNLOCKED** YES NO

SET-UP DATE (if needed): _____ **DAY OF WEEK:** M T W TH F SA SU

SET-UP TIME (if needed): Start Time _____ am/pm End Time _____ am/pm

FOR JCSD 509-J COMPLETION ONLY **USER REGISTRATION #** _____

Class A User **DEPOSIT REQUIRED \$** _____ **TOTAL FEE CHARGES \$** _____ (Fee Worksheet Attached)

Class B User

Class C User

Class CA User **Liability Insurance Required** NO YES **Coverage Amount Required \$** _____

Class D User

Approved as requested above **Event Manager (if applicable)** _____

Approved with following modifications: _____

Denied for following reason(s): _____

ADMINISTRATOR/DESIGNEE APPROVAL _____ **DATE** _____