



Facilities Department

2204 5th Avenue
 Greeley, Colorado 80631
 Phone: 970-348-6405 Fax: 970-348-6430
 Email: district6-facilityuse@greeleyschools.org
www.greeleyschools.org/facilityuse

Date Received _____

**OFFICE
STAMP**

FOR OFFICE USE ONLY

Approved _____ Denied _____ Cancelled _____

FS Direct # _____

WO # _____
(if applicable)

Entered onto Sports Sheet: YES _____ N/A _____

FACILITY USE FORM: *Community Use*

Community Use form is used for COMMUNITY Events (NON-District sponsored event)



Fill out the following information and submit to the School Office Manager.
 Submission of request does not guarantee approval. **Please allow 2 weeks for processing.**
 See District Policy KF – Community Use of School Facilities for additional details.

Today's Date: _____

Organization: _____ Contact Name: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Event Description: _____ Number of Participants: _____

Will the participant be charged a league fee? Yes No If yes, how much? _____

Will the team be charged a tournament fee? Yes No If yes, how much? _____

Will the public be invited? Yes No If yes, expected number attending? _____

Will the public be charged? Yes No If yes, how much? (gate fee, etc.) _____

Requested Location: _____ (Name of school, building or sports complex)

List classroom number or name of room (cafeteria, main gym, aux gym, auditorium, fields, etc) being requested:

Room: _____ Room: _____ Room: _____ Room: _____ Room: _____

Room: _____ Room: _____ Room: _____ Room: _____ Room: _____

Room: _____ Room: _____ Room: _____ Room: _____ Room: _____

Room: _____ Room: _____ Room: _____ Room: _____ Room: _____

Additional Rooms or Field(s) Needed: _____

Start Date: _____ End Date: _____

Setup Arrival Time: _____ Event Start Time: _____ Event End Time: _____ Departure Time: _____

To Be Held: Single Day Weekly Monthly Other: _____

Day(s) Held: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

SET UP NEEDS:

Set up needed No set up needed

Equipment Needs:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Promethean Board | <input type="checkbox"/> Projector | <input type="checkbox"/> Projector Screen | <input type="checkbox"/> Microphone |
| <input type="checkbox"/> Chairs _____
Quantity | <input type="checkbox"/> Tables (on-site only) _____
Quantity | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Risers _____
Quantity | <input type="checkbox"/> Stage 12" _____
Quantity | <input type="checkbox"/> Stage 24" _____
Quantity | <input type="checkbox"/> Stage 32" _____
Quantity |
| <input type="checkbox"/> Football Equipment <input type="checkbox"/> Soccer Equipment | | (24" and 32" staging come with a set of steps (2)) | |

REQUESTOR'S SETUP RESPONSIBILITY: What the teacher/requestor will be responsible to set up

CUSTODIAL: School, room #/area used, Day(s), Date(s), Time(s), set up needs

GROUND: School, Room #/area used, Day(s), Date(s), Time(s), delivery needs, no mowing, no watering, etc

HVAC: School, Room #/area used, Day(s), Date(s), Time(s)

Liability Insurance*

Groups or Individuals using District facilities or grounds must furnish a certificate of liability insurance for limits no less than \$1,000,000 each occurrence and \$2,000,000 general aggregate naming the District as an additional insured. The applicant and/or organization agrees to hold harmless the District from any expenses or costs in connection with the use of school facilities or grounds.

Certificate Holder
Weld County School District #6
1025 9th Ave., Greeley, CO 80631

- Proof of insurance must be provided at the time of application. Contact the Facility office to verify a copy is on file with School District 6.
- Notice of Cancellation must be made to the Facilities Office (970-348-6400) at least 2 business days prior to the scheduled time in order to avoid rental usage charges.
- I have read and understand the terms and conditions as noted in the Facility Rental Guide.
- By my signature below, I agree to be responsible for all damages and losses to the facility and/or its contents and will indemnify and hold harmless the Board of Education and the employees of Weld County School District 6 from any claim resulting or arising out of the use of District Facilities. I further acknowledge that the District shall not be responsible for any damages or loss to non-District property which is brought to the facility in connection with this application.

Signature of Agreement of Responsible Person

Date

NEXT STEP: Complete this portion of the form and submit to the School's Office Manager

Conflicts: Reason: _____ Conflict Dates: _____

Does Not Conflict: *Reminder: No School Dates, Parent Teacher Conferences, Concerts, etc.* Per Building Manager - Entrance to be used: _____

Signature of Principal or Site Administrator

Date

NEXT STEP: Complete this portion of the form and submit to the Facilities Department

For Facilities Department Use Only:

Certificate of Liability Insurance Received: Yes _____ No _____ Rental Fee Waived: Yes _____ No _____

BILLING CATEGORY:

- Non-Profit Youth (Grades K-12)
- Non-Profit Adult
- Commerical/Private

ESTIMATED FEES

Area: _____ \$ _____/hour # of hours used: _____ TOTAL _____

Area: _____ \$ _____/hour # of hours used: _____ TOTAL _____

Area: _____ \$ _____/hour # of hours used: _____ TOTAL _____

Area: _____ \$ _____/hour # of hours used: _____ TOTAL _____

Area: _____ \$ _____/hour # of hours used: _____ TOTAL _____

Custodial Fee(s): \$ _____/hour # of custodians _____ TOTAL _____

Estimated Total Rental Fee: \$ _____

Field Use - Approved by Grounds Department Manager: _____ N/A

Kitchen Use - Approved by Nutrition Supervisor: _____ N/A

Computer Lab Use - Approved by OIT Supervisor: _____ N/A

COPIES TO:

- ___ Applicant
- ___ Office Manager
- ___ Building Manager
- ___ Housekeeping
- ___ Mech. Maint. (HVAC)
- ___ Grounds
- ___ OIT Dept.
- ___ Nutrition Dept.

Facilities Office Signature

Date

EMERGENCY CONTACT INFORMATION

Troy Pettyjohn • (970) 590-6005
Department Manager

Bruce Corbin • (970) 371-5069
Day Foreman

Mike White • (970) 590-1132
Night Foreman