

CENTENNIAL SCHOOL DISTRICT

APPLICATION FOR USE OF WTHS STADIUM FACILITY

Name of Group		Date:	
Track, Field or Both:			
Purpose:		# of Participants	
Date(s) Requested:			
Between the hours o		<input type="checkbox"/> a.m.	and
		<input type="checkbox"/> p.m.	
		<input type="checkbox"/> a.m.	
		<input type="checkbox"/> p.m.	
Special arrangements requested _____			
Use of Concession Stand: <input type="checkbox"/> Yes <input type="checkbox"/> No		Use of Lights <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please complete hours and services required. District will complete costs			
Rental Charge	_____	hours @ _____	hour
Additional Hours beyond 4	_____	hours @ _____	hour
Stadium Supervisor	<input type="checkbox"/> Yes <input type="checkbox"/> No	@ _____	per event
Ticket Takers	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Required _____	@ _____ per event
Stadium Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	Charge per event _____	
Custodial Charges	_____	hours @ _____	per hour
Other Charges	(please specify) _____		
FEES CHANGE YEARLY. PLEASE REFER TO FACILITY USAGE FEES CHART FOR CURRENT RATES			
I hereby acknowledge we have received a copy of and have read the policy for use of school facilities. We understand that violation of facility use regulations or the possession or use of alcoholic beverages and drugs on school district property will result in cancellation of permission to use stadium facilities. The lessee shall indemnify and hold harmless Centennial School District and the Board, its Members, the Secretary, and the Superintendent, his/her Assistants and all others who may act for the Board or the School District for all suits and actions of every nature and description brought by the use and/or rental of any facility herein proposed. We agree to comply with these terms and the terms listed in the Facilities Use Policy.			
NOTE: Smoking and weapons are prohibited on School District Property			
Authorized Individual or Officer _____			
Name of Organization _____			
Street Address _____			
City, State, Zip Code _____			
Phone # _____			
Email Address _____			
Signature of Above Listed Individual/Officer _____			
FOR ADMINISTRATIVE USE ONLY			
Check enclosed for \$ _____		GROUP USAGE	
Proof of Insurance - Note: Centennial School District must be named as "Additional Insured."		<input type="checkbox"/> Initial	
		<input type="checkbox"/> Prior Use	
<input type="checkbox"/> Attached	<input type="checkbox"/> On File	<input type="checkbox"/> Re-application (prior cancel)	
The above-named organization is hereby authorized to use the above facility at the times(s) indicated above			
Principal	_____	Director of Facilities	_____
BO-07S 4/3/2008			