

**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 of _____ a.m. and _____ a.m.
 p.m. p.m.

Special arrangements requested _____

Use of Concession Stand: Yes No Use of Lights Yes No

Please complete hours and services required. District will complete costs.

Rental Charge	_____	hours @	_____	hour	_____	_____	_____
Additional Hours beyond 5	_____	hours @	_____	hour	_____	_____	_____
Stadium Supervisor (required at all times) @	_____	per event/practice	_____	_____	_____	_____	_____
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	_____	_____	_____	_____	_____	_____
Scoreboard <input type="checkbox"/> Yes <input type="checkbox"/> No	@	_____	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 6.2.

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

Electronic Signature: We agree to comply with the terms as stated above and in Facility Use Policy 6.2

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"/> Attached <input type="checkbox"/> On File	<input type="checkbox"/> Prior Use
	<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 _____