



APPLICATION FOR USE OF SCHOOL PROPERTY By Out-of-School Entities

Date of application _____ Facility being requested _____

Name of Organization _____

Name of Contact Person / Applicant _____

Address of Contact Person _____

Phone Number(s) of Contact Person(s) _____

EMAIL ADDRESS: _____

Date(s) and Time(s) requested _____

Purpose of requested facility: _____

Name of insurance company providing Liability/Property coverage _____

(Please attach certificate of insurance **naming Guthrie Public Schools** as an additional insured party.)

Minimum Coverage: \$125,000 liability coverage for any claim arising from a single occurrence; \$1,000,000 liability coverage aggregate for any single occurrence. In addition, \$25,000 property coverage.

Is the requested use of school property a profit-making operation? Yes No

Will your organization require access to:

- | | | |
|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Gymnasium | <input type="checkbox"/> Athletic fields |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Auditorium | <input type="checkbox"/> Playgrounds |
| <input type="checkbox"/> Other _____ | | |
- (Specify)

Will your organization need to use:

- | | | |
|--------------------------------------|--|----------------------------------|
| <input type="checkbox"/> PA system | <input type="checkbox"/> Projectors | <input type="checkbox"/> Screens |
| <input type="checkbox"/> Spotlights | <input type="checkbox"/> Stage scenery | <input type="checkbox"/> Piano |
| <input type="checkbox"/> Other _____ | | |
- (Specify)

Principal's Approval _____ Date _____

Superintendent's Approval _____ Date _____

Note: Payment for use of facilities must be received in the office of the Superintendent at least seventy-two hours in advance of the approved scheduled event. Applicants must present a copy of the treasurer's receipt issued to them at the time of payment to gain access to the requested facility.

I have received, read, and understand the GPS School Policies G8 & G9 hereby included with this application form and agree to abide by them in every respect and detail.

Signature

Printed Name

Date

This form is to be signed/approved initially by the Site Principal, then submitted to Dr. Michelle Chapple, Chief Financial Officer, for Final approval. May be emailed to: michelle.chapple@guthrieeps.net