

APPLICATION FOR USE OF SCHOOL FACILITIES

Office Use Only
ID No.

Contact Facilities and Operations at 785-832-5975 if you have questions.

USD 497

Name of Organization

(Please refer to the the Guidelines and Liability and Insurance Requirements section included with this application.)

Person Responsible		Day Phone	
Billing Address			
City		State	
Zip Code		E-Mail Address	

School Requested

Event Description No. Attending

Purpose of Use

Rooms/Fields Requested

Date(s) Requested* Begin Time--AM End Time--PM

Begin Time--PM End Time--PM

*Limited to a total of no more than 100 days

Right of First Refusal to Renew Agreement*

Yes No

*If marked "yes," renter may be granted a right of first refusal to renew this agreement at the rates in effect at the time of renewal.

<input type="checkbox"/> Monday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Saturday
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Friday	<input type="checkbox"/> Sunday
<input type="checkbox"/> Wednesday		

The undersigned agrees to conform to all the regulations on the Guidelines and Liability and Insurance Requirements section included with this application, to pay all charges as listed below, to hold Lawrence Public Schools harmless from any and all claims which may arise out of applicant's use of the school building, grounds and facilities and to fully indemnify Lawrence Public Schools for any and all expenditures and damages relating thereto. The undersigned further acknowledge they are fully authorized to enter into this agreement for and on behalf of said organization and acknowledges that Lawrence Public Schools may, at its discretion, decline to grant this application.

District Use Only. Fees will be established by the Director of Facilities and Operations

	\$ Per Hour		\$ Per Use		\$ Per Room
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\$ Any extra expense the activity causes Lawrence Public Schools (inadequate notification of cancellations), custodial overtime, food service requests, damages, late payment, failure to pay, etc.

\$ Other. List--

Make checks payable to: Lawrence Public Schools
Mail payment to: Lawrence Public Schools, Attention: Facility Use Department, 146 Maine, Lawrence, KS 66044

Date Filed _____

Date _____

Date _____

Signature of Applicant (**same as person responsible above**) _____

Principal of School (**Required**) _____

Authorized District Administrator (**Required**) _____

The person(s) shown on this request must sign this form. By your signature you accept responsibility for all provisions listed on the Guidelines and Liability Insurance Requirements info sheet. The district reserves the right to cancel facility usage, if necessary, at any time.
Distribution will be by District Office Personnel Only to the Central Office and Applicant.