

EXHIBIT **EXHIBIT**



Gadsden Independent School District

Application for Use of District Facility, Grounds or Equipment

Permit No. _____

Date Submitted: _____

This form is to be used when requesting the use of a school facility. It is the school's responsibility to ensure that all sections are complete before submitting. **Please email or fax all applications to the Support Services Office at least fifteen (15) days prior to the date of event:** cmaes@gisd.k12.nm.us Phone:(575)882-6949 Fax:(575) 882-1408.

This application is made subject to General Regulations for use of school facilities and GISD Policy and Regulation KF: Community Use of School Facilities. The undersigned agrees that rules shall be strictly observed and accepts full responsibility for full compliance of these rules. It is understood and agreed to by the applicant that this permit may be revoked or cancelled at any time, with or without cause, and that, in the event of such revocation or cancellation, there shall be no claim by the undersigned for right to damage or reimbursement on account of any loss, damage or expense whatsoever. The undersigned agrees to protect, indemnify and save Gadsden Independent School District and its offers and employees from any and all claims, liabilities, damages or rights of action directly or indirectly growing out of the use of the premises covered by this application.

To be Completed by Applicant

Organization Name: _____		Address: _____		City/State/Zip: _____	
Contact Person: _____		Tel. Number: _____		Alternate Number: _____	
Email Address: _____		Fax Number: _____			
Representative's Printed Name		Representative's Signature		Date	
Date of Requested Use: _____		School/Site: _____		Room: _____	
District Facility, Grounds or Equipment requested: _____					
Event: _____					
Times: Open Facility- _____ am/pm.		Actual Event Time: from _____ am/pm to: _____ am/pm.			
Close Facility- _____ am/pm.					
Other Dates/Times (if more than one event): _____					
Special Requests: <i>If additional space is needed, submit added page(s)</i>					

*To be Completed by Principal/School Designee

FEES	
Appl. Fee	\$ _____
Kitchen	\$ _____
Custodial	\$ _____
Security	\$ _____
Equipment	\$ _____
Rental	\$ _____
Add'l Fees	\$ _____
Total	\$ _____
<ul style="list-style-type: none"> All Money Orders must be payable to GISD. Submit payment 5 days prior to event. Schools only: In-district transfer of funds? (Circle one) Yes / No 	

Will admission be charged or collections solicited? Yes ___ No ___

Are you serving/selling food? Yes__ No__ (If Yes, request and attach Food Permit)

Is A/V equipment requested? Yes__ No__ Describe: _____

Will Kitchen Facilities be used? Yes __ No __ If Yes, time needed: From: ___ am/pm To: ___ am/pm
Total _____ # of Hours

Set Fee: \$25.00 per Hour for each Student Nutrition Worker needed: ___ Workers @ \$25 x ___ Hrs

Custodial Services Required Set Fee: \$25 per Hour for each Custodial Worker needed: _____
Workers @ \$25 x ___ Hrs

Security Needed? Yes__ No__ If Yes, time needed: From _____ am/pm To: _____ am/pm

Set Fee: \$25.00 per Hour for each Security Guard needed _____ Workers @ \$25 x _____ Hrs

Rental Fee for Facility: (See Board Policy Exhibit KF-EB for Fee Schedule)

Liability Insurance is attached with request (*mandatory*) Yes ___ No ___

Other: _____

School Principal or Designee Signature

Printed Name

Date

***Schools: Ensure that all documentation listed above is attached before you forward to Support Services.**