



# Harrison County Schools Use of Facilities Application

ID Number \_\_\_\_\_

<b>For Office Use Only:</b>	
Number of Custodian(s) on Duty: _____	
Number of Cook(s) on Duty: _____	
Name of Custodian: _____	
Name of Cook: _____	
_____ Approved by Principal (with certificate attached)	
_____ Approved by Coordinator of Custodians	

Complete and submit this application to the school’s principal with a Certificate of Insurance at least 10 business days prior to the event.

- Applicant’s Name:
- Applicant’s Mailing Address:
- Applicant’s Phone Number(s):
- Applicant’s Email Address:
- Event:
- Facility (School) Requested:
- Area of Facility to be Used:
- Organization Name:

Note: All groups who are not associated with Harrison County Schools must provide a Certificate of Insurance with this application. Applications cannot be processed without this certificate at time of application.

**General Event Information**

- Date of Event:
- If re-occurring, activity to begin on: \_\_\_\_\_ Activity to end on: \_\_\_\_\_
- Hours of Activity: \_\_\_\_\_ to \_\_\_\_\_
- Access to Facility Needed at \_\_\_\_\_ on Date: \_\_\_\_\_
- Approximate Number of Participants:
- Approximate Number of Spectators:

**Mark all areas to be used in the section below:**

- |  |   |
|--|---|
| <input type="checkbox"/> Gymnasium/Multipurpose Room   | <input type="checkbox"/> Athletic Field |
| <input type="checkbox"/> Auditorium/Theater/Cafeteria  | <input type="checkbox"/> Classroom      |
| <input type="checkbox"/> Audio/Visual Equipment Rental | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Facility with Admission Fee   |   |

Note: The use of any Harrison County facility requires the presence of a minimum of one Harrison County custodian(s). The access to and use of any Harrison County kitchen requires the presence of a minimum of one Harrison County cook. If it is determined by the Coordinator of Custodians that an additional custodian or cook is required to sufficiently return the facility to its state for school operations, additional charges may apply. Final costs will be determined by the actual hours required to return the facility to proper order. Additional fees may apply for the use of technicians to operate audio/visual equipment at the school.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Date of Receipt (with certificate attached): \_\_\_\_\_  
 Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_