

**REQUEST FOR USE OF SCHOOL FACILITIES**

**Section A**

- Name of person/organization making request: \_\_\_\_\_ (Be Specific with organization name)
- Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ (Contact purposes only, will not be shared)
- Event Name: \_\_\_\_\_ (list specific use of the bldg.; i.e., game, practice, concert, etc.)
- Status of group using facility (mark all that apply):  
 Non Profit Group                       School Fund Raising Activity                       Youth Traveling Team Tournament  
 For Profit Group                       Youth Team Practice                       Other \_\_\_\_\_  
 School Activity                       Church Activity  
 Adult Activity                       City/County Activity
- Facility Requested: School(s): \_\_\_\_\_  
Room(s): \_\_\_\_\_  
Other: \_\_\_\_\_
- Special Instructions: (List all special needs such as tables, chairs, climate control, lights, sound, musical equipment) \_\_\_\_\_  
\_\_\_\_\_
- Date Facility is to be used: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day of Week    Month                      Date                      Year                      If this is a reoccurring schedule LIST SPECIFIC DAYS/DATES ON BACK OF FORM.  
If no days/dates are listed this form will be returned to the requestor for additional information.
- Event Begin Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_ Event Setup Time: \_\_\_\_\_ Event Tear Down Time: \_\_\_\_\_

**Information:**

- Liberal Unified School District 480 is please to extend you the use of their wonderful educational facilities. We trust you will enjoy and appreciated the use of these facilities. We ask that you treat the facilities with respect and care while using them. Tobacco, alcohol or weapons are not allowed on any school properties. It is also requested you limit your use of the facility to the areas you have designation on your request.
- For most events, a signed formal agreement with proof of liability insurance coverage is required prior to event being scheduled. Liability insurance, if required, must be for a minimum of \$500,000 and must name USD 480 as an additional insurance. If insurance and/or formal contract is required, it is indication below and the contract is attached. When these documents are required they must be delivered or mailed to the USD 480 Auxiliary Services **two** weeks prior to the date of use. Hold Harmless agreements may be necessary if proper insurance coverage is not attainable. The forms can be picked up at any building. **ALL** participants must sign for each event. Signed forms must be obtained before the event. Most need to be on file before the event can be scheduled.
- Typically, janitorial staff is on duty Monday through Friday. Janitorial staff is not on duty for non-school sponsored events hosted on weekends or holidays unless requested by the reserving group. Additional charges will apply for weekend/holiday support. If you experience problems with the facility, please notify the custodian or staff on duty. Janitorial staff will serve as responsible supervision of facility if requestor does not have approved supervision at a cost of \$30/hr.
- Facility requests for summer use of facilities will not be acted on until May 30. Likewise, facility requests for the school year will not be acted on until August 30<sup>th</sup>.

**Office Use Only**

**Section B – To be completed by building administrator or Auxiliary Services office.**

- School employee(s) responsible for supervision of facility: \_\_\_\_\_
- Overtime will be needed for custodial support:  Yes  No
- Facility request approved by: \_\_\_\_\_  
Building Administrator

**Section C – Following approval by the building administrator, all requests will be sent to the Auxiliary Services Office  
At warehouse for final calculation of applicable charges for use and schedule approval.**

- Formal contract required:  Yes  No  
Liability Insurance coverage required:  Yes  No
- Approved by Director or designee \_\_\_\_\_, Date \_\_\_\_\_
- Routing distribution following approval: (distribution will be made by e-mail when possible)  
a. Requestor \_\_\_\_\_ b. Facilities File \_\_\_\_\_ c. Building Operator \_\_\_\_\_

**Bldg Operator Use:**

Event Held:  Yes  No  
Custodial Hours: \_\_\_\_\_ Regular \_\_\_\_\_ Comp Time \_\_\_\_\_ Overtime \_\_\_\_\_  
Date Payment Received \_\_\_\_\_  
Amount: \$ \_\_\_\_\_

**Contact and Payment Information**

Unified School District 480 Auxiliary Services  
P.O. Box 949  
624 N. Grant  
Liberal, KS 67905-0949                      Telephone: 620-604-2494

**Summary of Fees:**

Facility Use charges:  
Building/Room \_\_\_\_\_ hrs x \_\_\_\_\_ Charge = \_\_\_\_\_  
Building/Room \_\_\_\_\_ hrs x \_\_\_\_\_ Charge = \_\_\_\_\_  
Building/Room \_\_\_\_\_ hrs x \_\_\_\_\_ Charge = \_\_\_\_\_  
HVAC Charge \_\_\_\_\_ hrs x \_\_\_\_\_ Charge = \_\_\_\_\_  
Support Staff Charges  
Custodial - \$30.00 per hour x \_\_\_\_\_ hours = \_\_\_\_\_  
Custodial - \$30.00 per hour x \_\_\_\_\_ hours = \_\_\_\_\_  
Sound Tech - \$35.00 per hour x \_\_\_\_\_ hours = \_\_\_\_\_  
Total Use Charges \$ \_\_\_\_\_