APPLICATION FOR USE OF SCHOOL FACILITIES Wahoo Public Schools

Name of Organization Ma	king Request:		D)ate:	
Type of Organization and Event or activity to approved school-organization.	Type of Activity or Event that is designed to service stude community associations and scency such as educational entity	lents of the District or whic hool-affiliated non-profit g	h is related to roups. <i>Describ</i>	any function of the Distr	ict, including
Tax-supported age	ency such as educational entity	or unit of city, county or s	tate governme	nt. Describe:	
Nonprofit commu	nity agency such as a private e	ducational agency. Descrip	be:		
Group in which th	ne majority of the members res	ide within the District. Des	scribe:		
Other. Describe:					
Facilities Requested. Build	ding:	Areas:			
•					
Dates (From – T		tes & Times Requested: Repeating	# Wks.		
Dates (FIOIII – I					
ļ 					
L		I CS INO			
	Details of Use (Atts	ich an additional explanat	ion if needed)	1	
Describe the Type of Activi	ty or Event:				
No. of Anticipated Users an	d Spectators: Concess	ions/Food Served: Yes No	o Describe:		
Set Up or Tear Down Requi	ired by District:				
	During and Afterwards:				
Special Equipment to be Us	ed:				
Fees (To Be Completed	by Superintendent or Design		eposit	\$	
		Date Depos	sit Due		
	Amount				
Processing		Applicant s	shall procure,	at its own expense, a Co	omprehensive
Access				nce policy naming the I	
Custodial				is policy shall be wri	
Kitchen				00 Combined Single	
Special Equipment				e of Insurance evidenci	ing coverage
Monitoring		must be sub	omitted prior to	the Applicant's use.	
Security					
Total			Insurance requirement waived: Yes No (for school official to complete)		
	Policy Comp	liance and Acceptance of I	ighility		
This application is subject to	to the terms of the Board's "C			licy. The terms and cond	itions of that
	this application by this referen				mons of mat
	and agree to abide by the polici				and in Board
	t we are accepting the use of				
	It shall be our responsibility				
	ies while they are being used l				
	sing the facility. We agree to				
	ers while we are using the fa				
assume full responsibility ar		citity regardless of the neg	gilgence of the	school district of its pe	isonnei. we
Name, Position		Signature		Date	
rame, i osmon		Signature		Date	
Name. Position		Signature			
TAUTIC, I USHIUII		DIZHATUIC		17410	