



# APPLICATION FOR USE OF FACILITIES

## De SOTO PUBLIC SCHOOLS

Indoor and outdoor facilities of the De Soto Public School District #73 may be reserved upon completion of the application below. Persons signing the application agree to comply with all of the provision of the District's Community Use of School Facilities Policy and Procedures (available on the District's website). Requests for Elementary or Jr. High facilities should be returned for approval to the Principal's office of the requested building. Requests for High School facilities should be returned to the District Athletic Director's office for approval. All requests must be accompanied by a **Certificate of Insurance** naming De Soto Public Schools as an additional insured.

Facility Requested: \_\_\_\_\_ Particular Area Requested: \_\_\_\_\_  
(Classroom, Gym, Cafeteria, Etc.)

Group/Organization Sponsor: \_\_\_\_\_ Date(s) Requested: \_\_\_\_\_

Day of the Week: Sun \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_ F \_\_\_ Sat \_\_\_ Access Time: \_\_\_\_\_ Use End Time: \_\_\_\_\_

Brief Description of the event: \_\_\_\_\_  
\_\_\_\_\_

Est. Attendance: \_\_\_\_\_ # of De Soto Students Attending: \_\_\_\_\_ Admission Charge: \_\_\_\_\_

Will Food or Beverage be served? Yes \_\_\_ No \_\_\_ *(Special permission is required & a staff food service worker may need to be present and paid the specified hourly rate)*

Is special room/area set-up required? \_\_\_ Please describe: \_\_\_\_\_  
(Separate Charges may apply) (Tables, chairs, etc.?) (Attach additional page if more space needed)

Name, E-mail & Phone # of Primary Contact Person: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_ Certificate of Insurance Attached: \_\_\_\_\_

Signature of Approving Administrator: \_\_\_\_\_ Date: \_\_\_\_\_