

# DeSoto County Schools

## Use of Facilities Application Form

Date of Application: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

Campus Requested: \_\_\_\_\_

**COMPLETE AND RETURN FORM TO LOCATION WHERE APPLYING**

- Application is not approved until you have received an approved copy of this form.
- This application, once approved will serve as the permit & must be made available for review upon request during facility use.
- Times requested should reflect all set-up, rehearsal, program, and takedown time needed.

**District Use:** \_\_\_\_\_ **Date Approved:** \_\_\_\_\_

**School Contact Name:** \_\_\_\_\_

**School Contact Number:** \_\_\_\_\_

**Control Number:** \_\_\_\_\_

**District Use:** **Approved Fee:** \_\_\_\_\_ *(Fee Schedule Worksheet must be attached)*

**Name of employee approved to provide access** \_\_\_\_\_

**Activity Description:**

**Facilities Requested:**

**Activity Date(s)** *(Be specific):*

**Start Time of Facility Request:**

**End Time of Facility Request:**

**Name of Organization/Group/Sponsor:**

**Organization Type:**  Public Service  Athletic Assoc.  Church/Community Commercial  For-Profit Commercial  
 School Related Use (Booster/PTA/PTO)  Governmental Use

**Organization Status:**  For Profit  Non-Profit

*(Proof of current non-profit status is required. If proof is not available, the for-profit rate will be assessed)*

**Contact Person:**

**Address:**

**City:**

**State:**

**Zip:**

**Primary Phone:**

**Secondary Phone:**

**E-mail:**

**Will a fee be charged to individuals to participate in or attend this activity?**  Yes  No

**If yes, who will payment be made payable to (name of organization/person)?**

**Will food be served?**  Yes  No **Will you require use of a kitchen?**  Yes  No

*(Only kitchen personnel are allowed to use the kitchen, and personnel fees will be assessed. A two week notice is required.)*

**Is audio/visual or audio equipment needed** *(See attached list and fee schedule):*  Yes  No

**If yes, please describe your needs:**

**Is other equipment needed** *(See attached list and fee schedule):*  Yes  No

**If yes, please describe your needs:**

**For outside activities, will you need access to inside restrooms?**  Yes  No

**Principal Approval Signature:**

**Organization Representative Signature:**

**District Approval Signature:**