

# APPLICATION FOR BUILDING / FACILITY USE

## Step #2 – Please Print or Type

Step #2: Only approved registered applicants can apply for actual building/facility use.  
Application must be received no less than two weeks prior to event for application consideration.

**APPLICANT NAME:** \_\_\_\_\_ **APPLICATION DATE:** \_\_\_\_\_

**GROUP/ORGANIZATION NAME** (if applicable): \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**ACCEPTANCE OF RESPONSIBILITY:**  
 As a user or representative of a user group/organization of Jefferson County School District 509-J buildings, facilities &/or equipment, I acknowledge receipt of a copy of the district’s facility use policy, including the administrative regulations. I understand the use of certain equipment may require supervision by District personnel and additional fees. I further understand that JCSD 509-J programs have priority over other building use and this application may be subject to change. If this application is approved, I, an authorized representative, hereby accept responsibility for any fees &/or deposit payments, as well as any expenses for loss or damage. A written notification of cancellation of this event must be submitted to the building representative no less than 48 hours prior to the scheduled event in order to qualify for any partial or full refund of deposit.

**APPLICANT SIGNATURE:** \_\_\_\_\_

**BUILDING/FACILITY REQUESTED:** \_\_\_\_\_

**SPECIFIC AREA(S)/ROOM(S) REQUESTED:** \_\_\_\_\_

**EVENT/ACTIVITY (Describe):** \_\_\_\_\_

**ANTICIPATED # OF ATTENDEES/PARTICIPANTS:** \_\_\_\_\_

Mark All Applicable:

MEETING       EDUCATION       OTHER \_\_\_\_\_

ATHLETIC       PERFORMANCE       FOOD TO BE PREPARED ON SITE       FOOD TO BE SOLD ON SITE

**SPECIAL NEEDS:** \_\_\_\_\_

**REQUESTED EVENT/ACTIVITY DATE(S):**      Start Date \_\_\_\_\_      End Date \_\_\_\_\_

**DAYS OF WEEK:**      M  T  W  TH  F  SA  SU       **RECURRING EVENT?:** YES  NO

**REQUESTED HOURS OF USE:** Start Time \_\_\_\_\_ am/pm      End Time \_\_\_\_\_ am/pm

**DOORS TO OPEN** \_\_\_\_\_      **ELEVATORS UNLOCKED** YES  NO

**SET-UP DATE (if needed):** \_\_\_\_\_      **DAY OF WEEK:**      M  T  W  TH  F  SA  SU

**SET-UP TIME (if needed):**      Start Time \_\_\_\_\_ am/pm      End Time \_\_\_\_\_ am/pm

**FOR JCSD 509-J COMPLETION ONLY** **USER REGISTRATION #** \_\_\_\_\_

Class A User      **DEPOSIT REQUIRED \$** \_\_\_\_\_      **TOTAL FEE CHARGES \$** \_\_\_\_\_ (Fee Worksheet Attached)

Class B User

Class C User

Class CA User      **Liability Insurance Required**    NO  YES       **Coverage Amount Required \$** \_\_\_\_\_

Class D User

Approved as requested above      **Event Manager (if applicable)** \_\_\_\_\_

Approved with following modifications: \_\_\_\_\_

Denied for following reason(s): \_\_\_\_\_

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**ADMINISTRATOR/DESIGNEE APPROVAL** \_\_\_\_\_      **DATE** \_\_\_\_\_