CLARKSVILLE COMMUNITY SCHOOLS
Facility and Grounds Use Application

Permit is good for dates and times indicated below

_____
Date of Application

Organization Applying: _____ For-Profit Organization? ☐ Yes ☐ No

Applicant's Name: _____ Phone Number: _____

Applicant's Address: _____
Address City State Zip

Facilities Requested

☐ Clarksville High School
☐ Clarksville Middle School
☐ Renaissance Academy
☐ Clarksville Elementary School

Date(s)	Time From	Time To	Room/Area (Select location from dropdown menu below)
			Select Location
			Select Location
			Select Location
			Select Location
			Select Location
			Select Location

1. This activity is for:
   ☐ CCSC Students Only ☐ Adults ☐ Other
2. Activity for which facility is requested (Check appropriate boxes.)

☐ Athletic or Recreation
☐ Instructional Class
☐ Performance or Rehearsal
☐ Organization Meeting
☐ Government Agency
☐ Social Function
☐ Fundraiser
☐ Enrichment or Educational Program
☐ Other

Equipment Request (List.):_____
_____
_____

Certificate of insurance is included. ☐ Yes ☐ No
Will admission be charged? ☐ Yes ☐ No
Will the kitchen be used? ☐ Yes ☐ No
Special Needs? ☐ Yes ☐ No
If yes, accommodations:_____
Additional Comments:_____
_____

Read carefully

A. Users may be charged a user fee for the use of the facility. Charges are determined by the number of room(s) rented, hours of overtime and how many employees are used for an activity. Please direct questions about possible overtime charges to the Building Principal.

B. Permit is only valid if signed by the Building Principal the Athletic Director (where Applicable) and Facilities Director.

C. No smoking, alcoholic beverages, or drugs are permitted on the property.

By signing, applicant agrees to all additional terms and conditions of use as set forth below and on the following page, which are hereby incorporated herein by reference as though set forth in full. You should read these terms carefully. Your signature on this application signifies you have read and agree to all such terms and conditions if permit is granted applicant agrees to assume total liability for all damages or injury to persons or property arising from neglect or intentional acts of the applicant, his/her employees, volunteers, or participants while using the approved facility

See Terms and Conditions on following page.

_____
Applicant's Signature Date

Building Use Only: ☐ Approved ☐ Not Approved

Number of custodians needed:

The above is hereby authorized to use the facility and grounds specified:

_____
Building Principal's Signature

_____
Athletic Director's Signature

_____
Facilities Director's Signature