CLARKSVILLE COMMUNITY SCHOOLS

Facility and Grounds Use Application Permit is good for dates and times indicated below

Date of Appl	ication:						
Organization	Applying: _			For-P	rofit Organization?	Yes	No
Applicant's N	Name:			Phone Number:			
Applicant's A	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	1.This activity is for: 2.Activity being held: 3. Equipment Request:		•	Adults
				4. Certificate of insurance 5. Will admission be cha		Yes Yes	No No
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, athletic director (where Applicable), facilities director, and superintendent/designee. C. No smoking, alcoholic beverages, or drugs are permitted on the property. D. Requests must be submitted 14 calendar days before date of event.				Building Use Only: Approved Not Approved Number of custodians needed:			
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				Facilities Director's Signature Superintendent's/Designee's Signature			
In the event of planned ever or approving time of the eapplicant/spo	cts of the app while using the the applicant at, notification of CCSC officition vent. If no no consoring orga	licant, his/h ne approved or sponsorin n shall be pr al within fo otification is nization sha	er employees, volunteers, or facility ng organization elects to cancel a rovided to the building principal rty-eight (48) hours of the start is provided, the all pay a \$200 cancelation fee.	ASSESSED FEES Room/Area/Employe	ee/Equipment	F	ee
Applicant's		ons on foll	owing page. Date				
				TOTAL FI	EES:		