



BUILDING AND FACILITY USE APPLICATION

Submit Completed Form to School Principal

Please Type or Print

ORGANIZATION _____

ACTIVITY _____

CONTACT PERSON _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (H) _____ (W) _____

Please list dates and times of use requested:

| Date(s) | Day(s) | Times |
|---------|--------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

The Public _____ WILL _____ WILL NOT be invited

Participants _____ WILL _____ WILL NOT be charged

If charged, what is the cost per participant? \$ _____

REQUESTED LOCATION _____

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Cafeteria |
| <input type="checkbox"/> Gymnasium | <input type="checkbox"/> |
| <input type="checkbox"/> Fields(s) | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Classroom(s) # _____ | |
| <input type="checkbox"/> Other _____ | |

Estimated number of people participating in activity: _____

List Equipment and /or Setup needs:

Do you intend to request a waiver of the building rental fees? *

- YES NO If Yes, please explain _____

** only the Board of Education, or designee may waive fees.*

- Notice of Cancellation must be made to the principal (970-373-3502) at least 2 business days prior to the scheduled time in order to avoid rental usage charges.
- Proof of insurance must be provided at the time of application. Contact the office to verify a copy is on file.
- By my signature below, I agree to be responsible for all damages and losses to the facility and/or its contents and will indemnify and hold harmless the Board of Education and the employees of Union Colony Schools from any claim resulting or arising out of the use of Facilities. I further acknowledge that UCS shall not be responsible for any damages or loss to non-school property which is brought to the facility in connection with this application.

Signature of Responsible Person _____

Date _____

*** NOTE: Weapons, tobacco, alcohol, and illegal drugs are expressly forbidden on school district property.**

PRINCIPAL OR SITE ADMINISTRATOR USE ONLY:

(Please be sure the applicant has signed. Applications that are missing signatures will not be accepted.)

I CERTIFY THIS REQUEST:

_____ Conflicts _____ Does Not Conflict with school programs

Principal or Designee Signature _____ Date _____

Please forward all copies to the Facilities Office after signing.

FACILITIES USE ONLY:

This application is: _____ Approved _____ Not Approved

Billing Category: _____ 1 _____ 2 _____ 3

Insurance Information Received: _____ Yes _____ No

Nutrition and/or OIT supervisors contacted? _____ Yes _____ No

Facilities Office Signature _____

Date _____