



Facility Use Request

School or Site Requested:

Permit

Schedule Information

Area(s)	Day(s)	Date(s)	Start Time	End Time
Room or Area Requested:				
Name of Event:				
Number Attending:	Notes:			

Organization Information

Group Name:		Cell Phone:	
Contact Name:		Day Phone:	
Email Address:		Evening Phone:	
Address:		Fax Number:	
City, State:		<input type="checkbox"/> Non-Profit Youth	<input type="checkbox"/> Non-Profit Adult
Zip:		<input type="checkbox"/> District	<input type="checkbox"/> Commercial
Insurance Company:		Policy #	
Coverage Dates	From:	To:	Insurance Certificate MUST be attached to Permit request

Setup Information

Microphone
 PA System
 Risers
 Podium
 Piano/Tuning
 Tables, # _____
 Chairs, # _____
 Computers
 Projector, Overhead/LCS
 Screens
 VCR/DVD Player
 Whiteboards
 TV
 Laptops
 Elmo Projector
 Digital Camera
 Sound System
 Computer Lab, Location _____
 MP Room
 Power Strips/Extension Cords
 Fields, Specify _____
 Gym, ___Big ___Small
 Senator Square
 Conference Room

Fee & Payment Information- For Operations Use Only

Facility/Personnel/Equipment	Rate x Number of Hours	Estimated Fee
Facility Use	Rate x hrs	\$
Custodial/Event Staff	\$33 x hrs	\$
Kitchen Personnel	\$33 x hrs	\$
DEPOSIT		
Equipment (not all equipment is hourly)	Rate x hrs	\$
Include a \$60 delivery fee for equipment rented from		Total \$
<input type="checkbox"/> Check # <input type="checkbox"/> Cash Checks Payable to - CARSON CITY SCHOOL DISTRICT		
<i>Payment made @ Operations Service Center – 398 North Richmond Ave Carson City, NV 89703</i>		

Signature & Approval

Signature implies legal responsibility for compliance with all conditions of building or facility use as outlined by the Board of Trustees.

Applicant Signature:	Date:
Site Administrator Signature:	Date:
District Facilities Coordinator Signature-Request Approved:	Date:
Request Denied Reason:	