



2019-2020

Community User Facility Application - Policy 830

Return two weeks prior to first date of use

Building staff return to front office

Community Users return to District Office – Attn. Facilities

Secondary: OCHS WMS EMS NGC

Elementary: Carollton Cedar Hills Deerfield Edgewood Forest Ridge Meadowview Shepard Hills

Group Requesting Space: \_\_\_\_\_ Event Attendance: \_\_\_\_\_

Purpose of Activity/Event: \_\_\_\_\_

Contact's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Billing Information** (if different from above):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Day(s) of Week	Start Date	End Date	Arrival Time	End Time
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday				
Special Requests (i.e. every 3 <sup>rd</sup> Wed):			Room(s):	

**Equipment:** Tables: \_\_\_\_\_ Chairs: \_\_\_\_\_ Other: \_\_\_\_\_

**Set-up diagram attached**

**Community Users - I understand and agree to the following:**

- Dates, times and locations are not guaranteed
- A cancellation fee of 50% will be charged if not cancelled at least one week prior to the event.
- I verify that I am 21 years of age or older
- Building Access Requirements:
  - Do not prop exterior doors open
  - Turn off lights when finished
  - Shut doors securely when leaving
  - Deny building access to those not in your group
  - Supervise all participants and guests
  - Use only assigned rooms
  - Report facility concerns Joe Schoen 414-768-6163
- To abide by all of the provisions and conditions of the Facilities Use Policy 830.
- I have read the Waiver of Liability online and agree to all terms and conditions.
- Actual fees and custodial costs will be invoiced after use. Fees schedule is available online.
- Current Certificate of Insurance must be on file PRIOR to the first date of use.  Attached  On file

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_