



Application for Buildings and Grounds Use

Organization: _____ Person Responsible: _____

Address: _____ City: _____ ZIP: _____

Home/Cell #: _____ Business #: _____ Email: _____

Adult in charge of program supervision: _____ Cell #: _____

Building: Lenox CC Central CC SLP HS SLP MS AQ PH PSI SL

Space(s) desired: _____

Est. Attendance: _____ Purpose of activity: _____

Date(s): _____ Times: Activity from _____ to _____ Set up: _____ Tear down: _____

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What will you bring into the building? (food, equipment, etc.) _____

Special services or set up needed: None Tables (#____) Chairs (#____) Extra Garbage Cans
Other – Please list: _____

Special equipment needed: None LCD Projector Sound System Wireless microphone
Other – Please list: _____

Do you need WI-FI access? No Yes

Will participation in this activity be restricted in any way on the basis of sex, race or religious affiliation?
No Yes - If yes, what restrictions? _____

This permit is granted subject to the Community Use of Facilities Procedure Manual, (found at <https://slpcommunityed.com/facilities-2/>). The User agrees that these rules shall be strictly observed and accepts entire responsibility for the enforcement of them and agrees to protect the premises and indemnify the School District for any damage due to the occupancy of the building covered by this permit. It is understood and agreed to by the applicant that this permit may be revoked or canceled at any time with or without cause and that in the event of such revocation or cancellation, there shall be no claim or right to damages or expense whatsoever. The User further agrees to protect, indemnify and save harmless the District and its officers and employees from any and all claims, liabilities, damages or right of action directly or indirectly growing out of the use of the premises covered by this permit.

Signature of Person Responsible _____ Date _____

*****Please submit this application at least 10 days prior to the first date requested.*****