



Administrative Form 7122  
COMMUNITY USE OF FACILITIES -  
Application

**Responsible:** Office of Capital Projects and Facilities Management, Housekeeping Department

**FACILITY USE APPLICATION**

1. General Information

Today's Date: \_\_\_\_\_ WCSD Site: \_\_\_\_\_

WCSD Site Responsible Party/Advisor: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Representative Name: \_\_\_\_\_ Title: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

TYPE OF EVENT: \_\_\_\_\_

PURPOSE OF USE:

- Community Education     Educational     Literary     Scientific     Religious     Public
- Business     Political     Organizational     Precinct Meeting     Election Meeting / Caucus
- Census Meeting     General / Primary Election     Non-Profit     Fundraiser     Booster/PTA
- Community     Political     Nutrition Services Use     Training     WCSD Association Use
- Joint Use Agreement     Non-WCSD Recreational/Athletic Event     Other WCSD Site
- Public Agency: \_\_\_\_\_ Other: \_\_\_\_\_

DESCRIPTION OF USE/EVENT:

\_\_\_\_\_

Will admission or other charges be assessed to attendees/participants?  Yes     No

INTERIOR – ROOMS:

Request Facility Room #(s): \_\_\_\_\_

- Classroom(s)     Conference Room     Multi-Purpose Room     Commons Area     Theater
- Small Gym     Large Gym     Technology Lab     Computer Lab     Auditorium
- Library     Small Kitchen     Large Kitchen     Shop
- Other: \_\_\_\_\_

EXTERIOR – FIELDS:

Amphitheater     Quad Area     Pavilions     Football     Soccer  
 Baseball     Softball     Practice Field     Track     Tennis Court  
 Joint Use Field     Parking Lot     Other: \_\_\_\_\_

DISTRICT-RECOGNIZED TEAM: Approved District-recognized team application, practice, and game schedule must be attached.

Sport/Team Name: \_\_\_\_\_

Special Services Requested: \_\_\_\_\_

(Please attach a layout of setup for furniture and equipment. A brief description of event is required.)

Will food be served at this event:  Yes  No

Do you have proper health certifications:  Yes  No

Type:  Light Refreshments  Meal w/Meeting using WCSD Nutrition Service

Meal w/ Meeting using other Catering Service

Name of Caterer: \_\_\_\_\_

AUDIO / VISUAL EQUIPMENT (Charges per equipment rental sheet. Not all WCSD sites have listed equipment. Equipment provided upon availability. A minimum of two (2) weeks' notice is required.):

Microphone     Wireless Microphone     Podium     Portable Audio     Elmo     TV  
 VCR / DVD / CD Player     Overhead     Flip Chart/Marker     Projection Screen     AV Cart  
 LCD Projector     Extension Cord(s)     Other: \_\_\_\_\_

FEES

	Date(s) Requested	Time In / Time Out	Total Hours
Weekdays	_____	_____	_____
Weekdays	_____	_____	_____
Weekend	_____	_____	_____
Weekend	_____	_____	_____

CHARGE	TIER	HOURLY RATE	# OF HOURS REQUESTED	TOTAL
Hourly Use				\$
Room/Field: _____		\$ _____	_____	
Room/Field: _____		\$ _____	_____	
Room/Field: _____		\$ _____	_____	
Season Use (Tier IV Only)		N/A	N/A	\$850
Custodial / Grounds – Off Hour or Weekends		\$30		\$
Custodial / Grounds – Holiday		\$40		\$
Technology Support		\$		\$
WCSD School Police		\$		\$
WCSD Staff Site Supervision		\$		\$
Other		\$		\$
Audio Visual Equipment Rental				\$
_____		\$		
_____		\$		
			TOTAL	\$
		Security / Cleaning Deposit (when applicable) \$500 – \$1,000		

**Payment must be attached**, as well as the Insurance Certificate (designates coverage amount and expiration date), Non-Profit Form (5013C), and any other necessary certificates, permits, or licenses if applicable. **Make checks payable to Washoe County School District.**

APPLICATION REQUIREMENTS ATTACHED (Applications must be submitted at least 30 days prior to event):  
 Insurance     Non-Profit (5013C)     Business License     Fees Payment     Security Deposit  
 Other \_\_\_\_\_

**Facility Rental Refund Policy:** If reservations are canceled at least 30 days prior to the event, a full refund less a \$25 administration fee will be issued. There will be no refunds for reservations canceled with less than a 30-day notice

**Hold Harmless Agreement:** I, the undersigned organization/ User, hereby state that I have read the Facility Use Application Terms and Conditions for Community Use of Washoe County School District Facilities. I agree to all rules therein stated and that the intended meeting and/or event meet all the criteria stated therein. My organization agrees to indemnify, defend, and hold the WCSD, its Trustees, employees, agents, and volunteers harmless from any and all liabilities, claims, losses, costs or expenses to the person or property of another, lawsuits, judgments, and/or expense. including attorney fees, arising either directly or indirectly from any act or failure to act by User or any of its officers, employees, or volunteers which may occur during or which may arise out of the use of this and any WCSD facility they have contracted for use. The undersigned organization/User will not hold the WCSD responsible for any injury or illness sustained by any individual while participating in any activity at a WCSD facility. The undersigned organization/ User fully understand that medical insurance is the sole responsibility of the participants and not that of the WCSD. The undersigned organization/ User also understands and agrees to take full responsibility for any and all damages that may result from the use of or to the facilities or WCSD equipment, which shall include but is not limited to extra custodial charges and possible repair/replacement costs.

I, the undersigned organization/User, have the authority to sign this agreement on behalf of the undersigned organization. I, the undersigned organization/User, have read and understand the Facility Use Application Terms and Conditions and recognize and understand that such Terms and Conditions are incorporated here and by reference:

User Name (Please Print): \_\_\_\_\_  
User Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
User Title: \_\_\_\_\_

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**FOR DISTRICT USE ONLY:**

This application for use is approved for the following:

School Location: \_\_\_\_\_  
Dates: \_\_\_\_\_ Time of Use: \_\_\_\_\_

This application for use is denied for the following reason(s):

\_\_\_\_\_  
WCSD Site Administrator Name, Title: \_\_\_\_\_  
WCSD Site Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
WCSD Site: \_\_\_\_\_  
Housekeeping Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_