

Application for School Facilities

Submittal of this form in no way constitutes approval of this request

Please PRINT or TYPE

Building Name <u>Liberty MS</u>	Room/Field Requested <u>Facility / Gymnasium</u>	Application Date <u>10/20/14</u>
Reservation Date(s) <u>6/26/15 - 6/27/15</u> Day of Week <u>Fri - Saturday</u> Start Time <u>7am - 6/26</u> End Time <u>8am 6/27</u>	Reservation Date(s) <u>6/20/15</u> Day of Week <u>Saturday</u> Start Time <u>2:00 PM</u> End Time <u>8:00 PM</u>	Reservation Date(s) _____ Day of Week _____ Start Time _____ End Time _____
Requested by <u>Luke See</u>		LPS Employee? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E-Mail Address <u>luke.see@cancer.org</u>	Phone <u>816-218-7275</u>	Cell <u>816-839-0220</u>
Address <u>1100 Pennsylvania Ave</u>	City <u>KC</u>	St <u>MO</u> Zip <u>64105</u>
Organization Name <u>American Cancer Society</u>	Name of Event <u>Relay For Life</u>	
Number Attending <u>500 - 600</u>	Admission Charge <u>0</u>	
Special Arrangements		

My signature acknowledges that I have read, understand, and adhere to the rules and regulations adopted by the Liberty Board of Education regarding the facilities listed above and owned by the Liberty Public School District #53 (LPS). I also agree to be responsible for any damage to the building or contents, caused by members, their guests, or other persons attending the above listed event.



(Signature)

A VALID CERTIFICATE OF LIABILITY INSURANCE MUST ACCOMPANY THIS APPLICATION

Insurance Certificate: The Certificate of Insurance must name Liberty Public School District # 53, 650 Conlstor, Liberty, MO. 64068 as the Insurance certificate holder and Liberty Public Schools must be listed as additional insured. The Insurance coverage must be in the amount of one million dollars.

Schools will not be available for use on holidays, teacher staff development days or in times of inclement weather.

Gym use during the summer is generally limited to daytime hours.

Organizations will be invoiced after the event occurs. The full amount is due upon receipt of the invoice.

LPS must have at least 48 hours notice if an event is cancelled. In the event of a cancellation, notify the building where the event was scheduled. If LPS is notified of the cancellation, there will be no charge. If the event is cancelled and the organization fails to notify LPS, the full amount will be charged.

You **MUST** call the Nutritional Services Department XXXXXXXXXX to request use of kitchens.

786-5875

LPS reserves the right to alter and or cancel dates of arrangement not less than five days in advance in order to allow for school-related activities.

Principal / Director Approval:  Date: 1/5/15

District Administrator Approval: _____ Date: _____

Billing Information (District Use Only)			
Utilities	Hours:	\$12 per hour	\$
Custodial Personnel	Hours:	\$5 per hour (during school days)	\$
Custodial Personnel	Hours:	\$25 (weekends and when school is not in session)	\$
Miscellaneous Fees			\$
Fields	Hours:	\$10 per hour	\$
TOTAL			\$

