SHELBY COUNTY SCHOOLS – OFFICE OF FACILITY PLANNING

Rental Request Form

(Request must be received by Facility Planning 30 days prior to event/activity*)

NAME OF ORGANIZATION/GROUP

	PERSON RESPONSIBI	L E	
NAME	PHONE		
ADDRESS		DATE	
CITY	STATE	_ ZIPCODE	
EMAIL ADDRESS:			
he following must be placed on) A copy of proof of liability i	COMPLETE IF EVENT IS NON-SCHOOL RELAT in file in the Office of Facility Planning before iss insurance (minimum \$1,000,000.00) arrangements for security services have be	suance of permit:	able)
APPLICANT SIGNATUR	E		
CHOOL REQUESTED		Sound System (School Responsible)	Please Circle Yes No
AREA OF BUILDING REQUESTED	EXPECTED ATTENDANCE		
OATE OF RENTAL	ADMISSION CHARGE		
	Please Circle Day of Week MON TUE WED THU FRI SAT SUN	From Please	m To Circle a.m. or p.m.
YPE OF ACTIVITY Provide Agenda)	TIME OF I	RENTAL	a.m. a.m. p.m.
	ESPONSIBLE FOR COORDINATION OF EVENT	<u> </u>	SCHOOL
	Γ BE PAID IN ADVANCE: SCS ● 160 SOU thod of Payment: Certified Check – Money Ore		• RM 114
ıl's Signature <mark>*</mark>		Date	
ıl Supt. Signature		Date	
1 to 50—Engineer on	Attendance Guidelines: aly • 51 to 250—1 additional Worker • Add on	ne (1) Worker per 25	50 thereafter
1.	3.		
2.	4.		