

SHELBY COUNTY SCHOOLS – OFFICE OF FACILITIES PLANNING

Facility Request Form

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

NAME OF ORGANIZATION/GROUP _____

PERSON RESPONSIBLE	
NAME _____	PHONE _____
ADDRESS _____	DATE _____
CITY _____	STATE _____ ZIPCODE _____
EMAIL ADDRESS: _____	

ONLY COMPLETE IF EVENT IS NON-SCHOOL RELATED ACTIVITY

The following must be placed on file in the Office of Facility Planning before issuance of permit:

- 1) A copy of proof of liability insurance (minimum \$1,000,000.00) _____
- 2) A security plan/proof that arrangements for security services have been made (if applicable)

APPLICANT SIGNATURE _____										
SCHOOL REQUESTED _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 2px;">Please Circle</th> </tr> <tr> <td style="width: 50%; text-align: center; padding: 2px;">Sound System <small>(School Responsible)</small></td> <td style="width: 50%; text-align: center; padding: 2px;">Yes No</td> </tr> </table>	Please Circle		Sound System <small>(School Responsible)</small>	Yes No					
Please Circle										
Sound System <small>(School Responsible)</small>	Yes No									
AREA OF BUILDING REQUESTED _____	EXPECTED ATTENDANCE _____									
DATE OF REQUEST _____	ADMISSION CHARGE _____									
TYPE OF ACTIVITY (Provide Agenda) _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 2px;">Please Circle Day of Week</th> </tr> <tr> <td style="width: 12.5%; text-align: center; padding: 2px;">MON</td> <td style="width: 12.5%; text-align: center; padding: 2px;">TUE</td> <td style="width: 12.5%; text-align: center; padding: 2px;">WED</td> <td style="width: 12.5%; text-align: center; padding: 2px;">THU</td> <td style="width: 12.5%; text-align: center; padding: 2px;">FRI</td> <td style="width: 12.5%; text-align: center; padding: 2px;">SAT</td> <td style="width: 12.5%; text-align: center; padding: 2px;">SUN</td> </tr> </table>	Please Circle Day of Week		MON	TUE	WED	THU	FRI	SAT	SUN
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MON	TUE	WED	THU	FRI	SAT	SUN				
TIME OF REQUEST _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center; padding: 2px;">From</th> <th style="width: 50%; text-align: center; padding: 2px;">To</th> </tr> <tr> <td style="text-align: center; padding: 2px;">a.m. p.m.</td> <td style="text-align: center; padding: 2px;">a.m. p.m.</td> </tr> </table>	From	To	a.m. p.m.	a.m. p.m.					
From	To									
a.m. p.m.	a.m. p.m.									
ORGANIZATION IS RESPONSIBLE FOR COORDINATION OF EVENT WITH REQUESTED SCHOOL										

FACILITY FEES MUST BE PAID IN ADVANCE: SCS • 160 SOUTH HOLLYWOOD • RM 114

Method of Payment: **Certified Check – Money Order - Cash**

Principal's Signature*	Date				
<p style="color: red; font-weight: bold;">Attendance Guidelines:</p> <p style="color: red; font-weight: bold;">1 to 50—Engineer only • 51 to 250—1 additional Worker • Add one (1) Worker per 250 thereafter</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; padding: 5px;">1.</td> <td style="width: 50%; padding: 5px;">3.</td> </tr> <tr> <td style="padding: 5px;">2.</td> <td style="padding: 5px;">4.</td> </tr> </table>		1.	3.	2.	4.
1.	3.				
2.	4.				
<p style="color: red; font-weight: bold;">*After completing the form please forward form to the Office of Facilities Planning for processing and issuance of Permit.</p>					