

# 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 \$2,000,000.00) \_\_\_\_\_
- 2) A security plan/proof that arrangements for security services have been made (if applicable)

<b>APPLICANT SIGNATURE</b> _____																			
SCHOOL REQUESTED	_____	<b>Sound System</b> <small>(School Responsible)</small>	<table border="1" style="width: 100%; text-align: center;"> <tr> <th colspan="2" style="font-size: small;">Please Circle</th> </tr> <tr> <td style="width: 50%;">Yes</td> <td style="width: 50%;">No</td> </tr> </table>	Please Circle		Yes	No												
Please Circle																			
Yes	No																		
AREA OF BUILDING REQUESTED	_____	EXPECTED ATTENDANCE	_____																
DATE OF EVENT	_____	ADMISSION CHARGE	_____																
TYPE OF ACTIVITY <small>(Provide Agenda)</small>	_____	TIME OF REQUEST	<table border="1" style="width: 100%; text-align: center;"> <tr> <th style="font-size: small;">From</th> <th style="font-size: small;">To</th> </tr> <tr> <td style="font-size: small;">a.m.</td> <td style="font-size: small;">a.m.</td> </tr> <tr> <td style="font-size: small;">p.m.</td> <td style="font-size: small;">p.m.</td> </tr> </table>	From	To	a.m.	a.m.	p.m.	p.m.										
From	To																		
a.m.	a.m.																		
p.m.	p.m.																		
<table border="1" style="width: 100%; margin: 5px auto;"> <tr> <th colspan="8" style="font-size: small;">Please Circle Day of Week</th> </tr> <tr> <td style="font-size: small;">MON</td> <td style="font-size: small;">TUE</td> <td style="font-size: small;">WED</td> <td style="font-size: small;">THU</td> <td style="font-size: small;">FRI</td> <td style="font-size: small;">SAT</td> <td style="font-size: small;">SUN</td> <td></td> </tr> </table>				Please Circle Day of Week								MON	TUE	WED	THU	FRI	SAT	SUN	
Please Circle Day of Week																			
MON	TUE	WED	THU	FRI	SAT	SUN													
<b>ORGANIZATION IS RESPONSIBLE FOR COORDINATION OF EVENT WITH REQUESTED SCHOOL</b>																			

**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 style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; padding: 5px;">1.</td> <td style="width: 50%; border: 1px solid black; padding: 5px;">3.</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">2.</td> <td style="border: 1px solid black; padding: 5px;">4.</td> </tr> </table>	1.	3.	2.	4.	
1.	3.				
2.	4.				
<p style="color: red; font-size: small;">*After completing the form please forward form to the Office of Facilities Planning for processing and issuance of Permit. Or email to <a href="mailto:bracyt@scsk12.org" style="color: blue; text-decoration: underline;">bracyt@scsk12.org</a></p>					