Facility Use Office

Educational Services Center 6933 Raleigh Street Westminster, CO 80030 (720) 542-5088 Phone (303) 657-3805 Fax facilityuse@westminsterpublicschools.org



APPLICATION FOR FACILITY USE

Application Fee: a non-refundable application fee of \$20.00 is payable at time of application. Applications will not be processed without payment. Please allow 2-3 business days to process your request.

Liability Insurance: proof of current commercial general liability insurance coverage in the minimum amount of \$1,000,000 must be submitted with this application.

Organization Name	e:							
Event Contact Nan	ne:							
Phone #:	Cell #:		Fax #:					
Email:								
Address:								
City:		State:	Zip Code:					
Party Responsible	for Payment:							
Phone #:	Email:							
Address:								
City:		State:	Zip Code:					
Name of Event:								
Preferred Facility:		Area:						
Date(s) of Event:	(Building Name)		(Gym, Theatre, Cafeteria, Field, etc.)					
(If recurring, please indicate start and end dates)								
Event Day(s):	MON TUE WEI	O THU H	FRI SAT SUN					
Date Exceptions:								
	(Holidays, non-student contact da	•	s)					
Event Start Time:		M Event End Time:						
Contract Start Tim (Contract start/end ti	ne: AM PM ime should include set-up and clear		ne:					
Number of Particip	pants (Including Spectators):							
Will Food/Beverage	es Be Served?	O Will Concessions	Be Sold? YES NO					

If Yes, Please Describe What Food/Beverages/Concessions Will Be Provided:								
Are	You Chargin	ng a Fee For This Event?	☐ YES	□NO	If So, How	Much?		
Please check any requested equipment and indicate quantity needed and desired set-up location. Equipment not requested in advance will not be provided if requested the day of the event. Requested equipment will be provided depending upon availability and is subject to additional fees as outlined in the Fee Schedule.								
	Equipment			uantity	Set-up Loca	tion		
	basketball h	uipment (volleyball nets/stan loops, wrestling mats, etc.)	dards,					
Ш	Chairs							
	Flags/Stand	S						
	LCD Projec	tor and/or Projection Screen						
	Microphone	2						
	Music Stand	ds						
	P/A System							
	Piano							
	Podium							
	Risers							
	Scoreboard							
	Tables							
	Wi-Fi Acce needed)	ss (please describe why acce	ss is					
	Other (pleas	se describe):						
	Board of I	Education Policy FEIH a				ns of facility use as outline Rate and Fee Structures.	d by	
App	licant Signatu	ıre				Date		
Office Use Only								
	Application	Fee Received: YES	□NO	Paymei	nt Date:			
	Payment A	mount:						
	Approved							
		Staff Signature				Date		
	Declined	Staff Signature				Date		
	Declined Reason:	Starr Signature				Date		