

**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:** \_\_\_\_\_

**Event Contact Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

<b>Party Responsible for Payment:</b> _____		
<b>Phone #:</b> _____	<b>Email:</b> _____	
<b>Address:</b> _____		
<b>City:</b> _____	<b>State:</b> _____	<b>Zip Code:</b> _____

**Name of Event:** \_\_\_\_\_

**Preferred Facility:** \_\_\_\_\_ **Area:** \_\_\_\_\_  
(Building Name) (Gym, Theatre, Cafeteria, Field, etc.)

**Date(s) of Event:** \_\_\_\_\_  
(If recurring, please indicate start and end dates)

**Event Day(s):**  MON  TUE  WED  THU  FRI  SAT  SUN

**Date Exceptions:** \_\_\_\_\_  
(Holidays, non-student contact days or other non-use dates)

**Event Start Time:** \_\_\_\_\_  AM  PM **Event End Time:** \_\_\_\_\_  AM  PM

**Contract Start Time:** \_\_\_\_\_  AM  PM **Contract End Time:** \_\_\_\_\_  AM  PM  
(Contract start/end time should include set-up and clean-up time)

**Number of Participants (Including Spectators):** \_\_\_\_\_

**Will Food/Beverages Be Served?**  YES  NO **Will Concessions Be Sold?**  YES  NO

