



GREENWOOD LEFLORE CONSOLIDATED SCHOOL DISTRICT
APPLICATION FOR USE OF CERTAIN SCHOOL FACILITIES

Fill in the information below. After completion of the form, email it to rrimmer@glesd.org. For questions, call the Superintendent's Office at 662-453-4231 ext. 1036.

Date _____

Name of Person Making Application

Street Address _____ Telephone _____

Name of Organization _____

Street Address _____ City _____

Telephone _____ Fax _____

Name of Head of Organization _____

Street Address _____ City _____

Telephone _____ Fax _____

School Facility Wanted _____

State Your Reasons for Wanting to use the Facility:

Name of Person to be in Charge _____ Telephone _____

Will Admission be Charged? _____ Will Funds be Solicited? _____

Will Merchandise be Sold? _____ Use Date(s) _____

Length of Use _____ Hours/ Opening Time _____ / Closing Time _____

Estimated Number of Participants: _____ Adults _____ Children
Itemized Charges for _____

_____ hrs. x Base Rate	\$ _____
_____ hrs. x Heat or Air Rate	\$ _____
_____ hrs. x Heat Up or Cool Down Rate	\$ _____
_____ hrs. x Professional Employee Rate	\$ _____
_____ hrs. x FLSA Employee Rate	\$ _____
_____ hrs. x Standby FLSA Employee Rate	\$ _____
_____ hrs. x Other Charges	\$ _____
Total Charge \$ _____	

I certify that the information given above is true to the best of my knowledge. I understand that this agreement shall become null and void should this agreement be assigned. Certificate of Insurance attached: Yes _____ No _____

Applicant's Signature _____

(Principal's Approval) (Date)

(Superintendent's Approval) (Date)

Name(s) of Supervisors Assigned:

