

DELPHI COMMUNITY SCHOOL CORPORATION
501 Armory Road
Delphi IN 46923
765-564-2100

DCSC FACILITY USAGE APPLICATION FOR DELPHI HIGH SCHOOL
(Please Print)

The _____ desires the use of
(Name of organization, group, individual)

Circle One

Group A B C D Other
(See Attachment)

The amount of time the **Little Theatre/Gym/Commons/Cafeteria** needs to be blocked out is:
_____ to _____ Date _____ or see attached schedule _____
_____ to _____ Date _____
_____ to _____ Date _____

The actual start time of the **program/meeting/concert/practice** is:
_____, Date _____ or see attached schedule _____
_____, Date _____
_____, Date _____

for the purpose of _____

Admission will be charged _____ If yes, _____
Adults _____ Children _____

How will proceeds be used? _____

Approximate number of participants or spectators anticipated _____

Please check any of the listed equipment needed:

Audio/Visual Equipment:

_____ Overhead Projector
_____ VCR/TV
_____ Microphone

_____ Light System
_____ Podium
_____ Tables
_____ Chairs

The undersigned and his/her organization hereby waive all rights and all claims against the Delphi Community School Corporation, or its agents and employees, by persons participating in, or attracted to this activity, for any damages, injuries or other claims, and hereby agree to defend and hold harmless the Delphi Community School Corporation, its agents and employees, from any such claims. The undersigned and his organization also understand that they will be responsible for restitution if any damage to the building or its contents does occur.

It is the responsibility of the organization desiring to use DCSC facilities to provide proof of liability insurance in an amount not less than \$1,000,000.00. This proof might be on file in

the corporation office, and must be provided prior to the facility usage request being presented to the Board of School Trustees for approval.

(see reverse side)

(Please Print)

Organization Representative's Name _____

Address _____ City _____ Zip _____

Telephone Number: _____

Email Address: _____

Organization Representative's Signature _____

FOR OFFICE USE ONLY!!!

Principal's Signature _____ Date _____

Athletics Director _____ Date _____

Little Theater Manager _____ Date _____

Superintendent's Signature _____ Date _____

Approved Application Sent: _____

Liability Insurance:

Has the requesting party provided the DCSC
a certificate of insurance?

Yes _____ No _____

Estimated Charges: Base Charge _____

Room _____

Gym _____

Pool _____

Custodian Charge Yes _____ Waived _____
(Charge is 1.75 x Hourly Rate x Hours Worked)

Cafeteria Charge Yes _____ Waived _____
(Charge is 1.75 x Hourly Rate x Hours Worked)

Other Staff Charge _____

Equipment Charge _____

TOTAL _____

You will be billed by the business office following the use of the facility.