

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

**DCSC FACILITY USAGE APPLICATION (Non High School)**  
(Please Print)

The \_\_\_\_\_  
(Name of organization, group, individual)

Circle One

Group A B C D Other  
(See Attachment)

We desire to use \_\_\_\_\_ during the hours of \_\_\_\_\_  
(Describe the building and facility)

\_\_\_\_\_ to \_\_\_\_\_ on the following date(s): \_\_\_\_\_

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 \_\_\_\_\_

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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 \$20.00 per hour 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.

