



LAS CRUCES PUBLIC SCHOOLS

Facility Use Form (KF-E1)

Date Submitted:

This form is to be used when requesting the use of a school facility. It is the school's responsibility to ensure that all sections are complete before submitting. Please hand carry or send through school mail to Operations (Annex) Department at least ten (10) days prior to the date of event. **Faxes will only be accepted for school-sponsored events.**

APPLICANT/REPRESENTATIVE TO FILL OUT:

Date of Use: **School:** **Room/Location:**

Event:

Times: Open Facility- **am/pm** **Actual Event- from:** **am/pm to:** **am/pm**
Close Facility- **am/pm**

Other dates/times (if more than one event):

Special Requests: If additional space is needed, submit another page.

This application is made subject to General Regulations for use of school facilities and LCPS Policy and Regulation KF: Community Use of School Facilities. The undersigned agrees that rules shall be strictly observed and accepts full responsibility for full compliance with these rules. It is understood and agreed to by the applicant that this permit may be revoked or cancelled at any time, with or without cause, and that, in the event of such revocation or cancellation, there shall be no claim by the undersigned for right to damages or reimbursement on account of any loss, damage or expense whatsoever. The undersigned agrees to protect, indemnify and save Las Cruces Public Schools and its offers and employees from any and all claims, liabilities, damages or rights of action directly or indirectly growing out of the use of the premises covered by this application.

Name of Organization: **Address:** **City/State/Zip:**

Contact Person: **Fax Number:**

Home Phone Number: **Work/Mobile Number:**

Representative's Printed Name **Representative's Signature** **Date**

PRINCIPAL/SCHOOL DESIGNEE TO FILL OUT:

Will admission be charged or collections solicited? Yes No

Are you selling food? Yes No (If yes, request and attach Food Permit and MOU)

Will Kitchen Facilities be used? Yes No

If yes, time needed: to _____ # of Hours Needed

Set Fee - \$25.00 per hour for each Nutrition Svc Worker needed _____ **Workers @ \$25 x** _____ **hrs**

Custodian needed? Yes No

Set Fee- \$21.00 per hour for each Custodial Worker needed _____ **Workers @ \$21 x** _____ **hrs**

Rental Fee for Facility: (See LCPS Policy KF-R Appendix for Applicable Fees) _____

Liability Insurance is attached with request. _____ (mandatory)

FEES

Kitchen \$ _____
Custodial \$ _____
Rental \$ _____

TOTAL \$ _____

Money order payable to LCPS. Submit with Facility Use Form.

Schools Only: (Circle one)
Interfunds Transfer: Yes / No

School Principal or Designee Signature: _____ **Date:** _____

School: Ensure that all documentation listed above is attached before you forward to Operations

LCPS OPERATIONS DEPARTMENT USE ONLY

Food Permit Attached Nutritional Guidelines Compliance MOU Attached Liability Policy Attached Other

Approved **Disapproved** **Need to Resubmit (documentation not included)**

Coordinator of Custodial Services Signature: _____ **Date:** _____

Routing: 1. School 2. Operations (Annex) 3. Return to School 4. Departments as Needed: PPD/Nutrition Services