

FACILITY USE CHECKLIST:

SCHOOL \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

\_\_\_ NON PROFIT (501C3 required) \_\_\_ FOR PROFIT

\_\_\_ STUDENTS \_\_\_ NON STUDENTS

\_\_\_ JCPS SPONSORED EVENT ? \_\_\_ # OF CUSTODIANS NEEDED

\_\_\_ KITCHEN WORKER NEEDED?

\_\_\_ Complete date, time(s) and day of week requested.

\_\_\_ Certificate of insurance naming JCPS as additional insured in the minimum of \$1,000,000.00 liability coverage required on all non JCPS organizations.

\_\_\_ Non-Profit 501C3 filing status document. (If applicable)

\_\_\_ Signature of representative for organization.

\_\_\_ What is facility being used for? \_\_\_\_\_.

\_\_\_ Complete mailing address of organization representative not the schools address.

Please attached this form to the Facility Use Permit for submission.

Thanks

Pam  
485-3313  
485-3976 fax