

VIGO COUNTY SCHOOL CORPORATION
TERRE HAUTE, INDIANA
APPLICATION FOR USE OF SCHOOL FACILITIES

Complete and submit to:

Director of Facility Support & Transportation
Vigo County School Corporation
3250 Maple Avenue
Terre Haute, Indiana 47804
Phone: 812-462-4336

1. The _____ requests the use of
(Name of Organization)
_____ at _____ School on dates
(area)
as listed: _____ between the hours of _____ and _____
(Month) (Day/s) (Year)
for the purpose of _____

2. List special equipment and facilities needed (kitchen, movie projectors, stage, phonographs, number of chairs, etc.):

3. List the names of two people who are directly responsible for the group:

(Name) (Address, including zip code) (Phone)

(Name) (Address, including zip code) (Phone)

4. The group will be approximately _____ in number and mostly _____ adults _____ minors.
5. Will admission be charged? _____ How much? _____ Purpose for which these proceeds will be devoted _____

6. Is this event a part of a large event held at other schools at the same time/date? _____
If yes, where else? _____

7. Is your organization classified as a not-for-profit by IRS regulations? _____

(Date) (Signature of person presenting application)

(Phone) (Address of person presenting application) (Zip)

THIS SECTION TO BE COMPLETED BY FACILITY PRINCIPAL

The _____ is available for use by the _____
(Facility) (Organization)

on _____ between the hours of _____

Signed _____
(Facility Principal)

NOTE: Signature signifies that facility is available by schedule. It does not authorize use. Final authorization will be in written form. Please allow two weeks for processing. **Please refer to Policy KG for all USE OF FACILITY REGULATIONS.** Attached Indemnity Agreement must be completed & notarized by all Class II Groups before application will be authorized.

Date: _____

INDEMNITY AGREEMENT

Said organization, through its official Board, shall indemnify, defend and save harmless the Vigo County School Corporation, its officers, agents, and employees from and against any and all loss of or damage to property, or injuries to, or death of any person, including property of the Vigo County School Corporation and shall indemnify, defend and save harmless the Vigo County School Corporation, its officers, agents, and employees from any and all claims, damages, suits, costs, expense, liability, actions or proceedings of any and all nature whatsoever in any way resulting from or arising out of, directly or indirectly, the said organization's use of occupancy of the premises, or any part thereof, including acts of commission or omission of the employees, representatives, or agents of the said organization and the Vigo County School Corporation's use of occupancy of the premises, or any parts thereof, including acts of commission or omission of the employees, representatives, or agents of the Vigo County School Corporation.

ATTEST:

 (Signature of Applicant)

 (Representative of Organization or Group)

 (Title of Person in Organization)

 (Name of Organization)

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 STATE OF Indiana)
) SS:
 COUNTY OF Vigo)

Before me, the undersigned notary public in and for said county and state, this _____ day
 of _____, 20____, personally appeared _____, the
 representative for and on behalf of _____, and
 acknowledged the execution of the foregoing indemnity agreement, and being by me duly sworn, did say
 they are the representative of the _____ that the foregoing instrument was
 signed for and on behalf of the _____ by authority of its Board of
 Trustees or Directors, and that the execution of said instrument was the free act and deed of the representative.

My Commission Expires: _____

 (Written Signature)

My county of residence is: _____

 (Printed Signature)
 Notary Public

