

APPLICATION FOR USE OF SCHOOL FACILITIES

DENVER PUBLIC SCHOOLS
COMMUNITY USE OF FACILITIES
2800 W. 7th Ave.
DENVER, CO. 80204
720-423-4200 or 720-423-4201

School desired: _____
1st Choice 2nd Choice

Organization or Group Name: _____

Type of Program or Purpose: _____

Person in Charge of Program: _____
Daytime Number

Address: _____ E-Mail Address: _____

City: _____ State: _____ Zip: _____

A non-refundable application fee of \$25.00 is due at the time of application. All other fees are due 48 hours prior to building use. Access will be denied until payment is received. All fees must be payable to Denver Public Schools by check or money order. (Applications expire at the end of each school year.)

Name of person to be billed for any additional charges: _____
Address: _____ City: _____ State: _____ Zip: _____
Daytime Telephone Number: _____ - _____ - _____

Please Check:

Auditorium _____ Entry Time _____ Exit Time _____
With Full Stage _____
In front of Curtain only _____
(2) Dressing rooms will be included

Main Gymnasium _____ Entry Time _____ Exit Time _____
Auxiliary Gym _____

Lunchroom _____ Entry Time _____ Exit Time _____

Kitchen _____ Entry Time _____ Exit Time _____

Classrooms _____ How many _____ Entry Time _____ Exit Time _____

Lobby Area _____ Entry Time _____ Exit Time _____

Grounds/Tennis _____ Entry Time _____ Exit Time _____

Fields/ Soccer __, Football __, Baseball __, Track & Field __,

Lacrosse __, Softball __ Entry Time _____ Exit Time _____

Other _____ Please specify _____ Entry Time _____ Exit Time _____

Sun Mon Tue Wed Thu Fri Sat (Please circle days of the week)

Approx. # of attendees _____ Beginning Date _____ Ending Date _____

State the nature of use, title of performance, names of speakers, as appropriate. Describe fully. List any equipment needed such as microphone, podium, tables etc. Use additional sheet if necessary. _____

(please check one):

Open to the Public ? Yes _____ No _____

Are contributions __, dues __, registration fees __ or other donations __ to be received?

Applicant will provide it's own insurance, listing DPS as additional insured for \$1,000,000.00 _____

Applicant will need DPS to provide insurance at an additional cost (to be determined) _____

Applicant Signature _____ Date _____

Please feel free to visit our website at www.dpsk12.org, general information, facility use & scheduling.