

**Gibbon Public Schools  
Facility Use Form**

Please complete this form and return it to the Superintendent's Office. All fees must be paid in advance except when requesting custodial services. Costs for custodial services will be invoiced after the completion of the event.

Name(s): \_\_\_\_\_ Event/Group: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Card I.D. \_\_\_\_\_

**Facility Use - Fees**

Deposit: (\$50) \_\_\_\_\_ Key Card: (\$10) \_\_\_\_\_ User Fees: \_\_\_\_\_

Custodial/Kitchen: \_\_\_\_\_ Amount Due: \_\_\_\_\_

**Facility Use**

Room: \_\_\_\_\_ Proof of Insurance: \_\_\_\_\_

Day(s)/Time(s) Requested: \_\_\_\_\_

Equipment: \_\_\_\_\_

Custodial: \_\_\_\_\_ Kitchen: \_\_\_\_\_

**Use of The Facility**

The sponsor can be issued a card that gives them temporary access to the facility. The card must be returned upon the completion of the activity.

The district will activate the appropriate door and assign the time when participants can gain access to the facility.

All cards lost or damaged will result in the forfeiture of the deposit.

The practice of leaving a door ajar is strictly prohibited and will result in deactivation of the card and forfeiture of the deposit.

We agree to abide by the rules and policies of the Gibbon Public Schools Board of Education and to be responsible for all damages to the property, not including wear and tear. The following persons are the official representatives of the organization seeking us of the facility.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

GPS Administrator: \_\_\_\_\_ Date: \_\_\_\_\_