

**WARRICK COUNTY SCHOOL CORPORATION  
USE OF SCHOOL FACILITIES APPLICATION**

School Requested \_\_\_\_\_

Area Requested \_\_\_\_\_

Groups granted use of a school facility shall be liable for any damages resulting from such use.

\*\*\* Non-school sponsored organizations are required to have a \$1,000,000 Certificate of Liability.\*\*\*

**Certificate of Liability must be attached to each application (if applicable)**

Organization: \_\_\_\_\_ Request Purpose: \_\_\_\_\_

Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Certificate of Liability attached (if applicable)

Date(s) Needed: \_\_\_\_\_ Day(s) Needed: M T W Th F S Sun

Time(s) - Enter: \_\_\_\_\_ am/pm Exit: \_\_\_\_\_ am/pm

Restrictions: Use of school facilities by community groups that include students will be limited to the following:

On school nights with Elementary students - 9:30 pm

On non-school nights with Elementary students - 10:00 pm

On school nights with Middle/Sr High students - 10:30 pm

On non-school nights with Middle/Sr. High students - 11:30 pm

**\*\* Any exception must be approved by the Superintendent \*\***

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

**For Office Use**

Approval by: \_\_\_\_\_ Date: \_\_\_\_\_

Classification of User: \_\_\_\_\_ Instructions to User: \_\_\_\_\_

**INVOICE**

For use of:	Charge/Hr.	X	Hrs.	=	Total	CC	Invoice #:	
Fee:							Sent:	
Personnel:							Check #:	
Personnel:							Date:	
							Rec'd by:	
<b>Total Payment Due:</b>								

**Please return this form with payment.**

**Make payments to:** Warrick County School Corporation  
Attn: Treasurer's Office  
P.O. Box 809  
Boonville, IN 47601  
(812) 897-6038