

**APPLICATION FOR USE OF SCHOOL FACILITIES
DENVER PUBLIC SCHOOLS
COMMUNITY USE OF FACILITIES
2800 W. 7th Ave.
DENVER, CO. 80204
720-423-4087**

School Desired: _____
1st Choice 2nd Choice

Organization or Group Name: _____

Type of Program or Purpose: _____

Person in Charge of Program: _____
Daytime Telephone 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, cash, credit card 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 area(s) needed)

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 _____ Entry Time _____ Exit Time _____

Gym/All Purpose _____ Entry Time _____ Exit Time _____

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 _____

Grass Fields - Soccer __, Football __, Lacrosse __, Track _____

Artificial Turf - Soccer __, Football __, Lacrosse __, Track _____

Baseball ____, Softball _____ Entry Time _____ Exit Time _____

Other _____ please be specific Entry Time _____ Exit Time _____

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

Approx. # of Attendee's _____ Beginning Date _____ Ending Date _____

State the nature of use, title of performance, names of speakers, 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 its own insurance, listing DPS as additional insured for \$1,000,000.00 _____

Applicant has a 501c3 document YES __ NO __ - **(If yes please attach a copy to application).**

Applicant Signature _____ **Date** _____

Please feel free to visit our website at www.dpsk12.org.