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: __________________________ E-Mail Address: __________________________

Address: __________________________ City: ______________ State: _____ Zip: __________

Daytime Telephone Number: ______-____-________

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 ____

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.