

YHS

** Long-term fee applies after one year's use of District facilities on a regular and recurring basis. The rate may not be avoided by changing sites.

LYON COUNTY SCHOOL DISTRICT
APPLICATION FOR COMMUNITY USE OF SCHOOL FACILITIES

| | | | |
|------------------------|-----------|------------------|---------|
| LCSD | PLC | | |
| (Name of organization) | (Address) | (City/State/Zip) | (Phone) |

| | | | |
|----------------------------|-----------|------------------|---------|
| Damon Ether | PLC | | |
| (Name of Person in Charge) | (Address) | (City/State/Zip) | (Phone) |

Date(s) of requested use: 8/17, 8/18, 11/3, 2/16 Day(s) of week: M, T, T, T

Set up time: from 7 am/pm to 9 am/pm Function time: from 9 am/pm to 2 am/pm

Nature/purpose of use: Area P.D x 4

Anticipated attendance TBD Number of adults TBD Number 18 and under 0

Will there be an admission charge, collection or funds solicited? yes no

If yes, state amount: Adults n/a Children n/a

For what purpose will proceeds be used? n/a

Insurance company and agent (school groups exempt) _____
(a certificate of property damage and liability insurance for at least \$100,00/\$100,00/\$300,00 must be provided prior to approval)

AGREEMENT: The applicant hereby makes application for use of the school facility(ies) described above, and certifies that the information given is correct. The applicant will observe all rules and regulations of the Board of Trustees and has read the Administrative Regulation "Community Use of Facilities". The applicant agrees to exercise the utmost care in the use of the school premises and property and to hold the Lyon County School District harmless from all liability resulting from use of said facilities. The applicant further agrees to reimburse the School District for any damages arising from the applicant's usage.

| | | | |
|------------------------|-----------|------------------|---------|
| LCSD | | | |
| (Name of organization) | (Address) | (City/State/Zip) | (Phone) |

Damon Ether
Signature of applicant

5/8/26
date

FOR OFFICIAL USE ONLY

Certificate of insurance received? yes no

| FEES | | Comments: |
|-------------------------------|----|-----------|
| Facility Rent | \$ | |
| Personnel | \$ | |
| Kitchen/Life Skills Utilities | \$ | |
| Equipment | \$ | |
| Total Fees | \$ | |

Approved by:

Date: _____

Administrator's Signature _____

DETAILED FACILITY REQUEST FORM

| | First Room | Second Room | Third Room |
|--|------------------------|-------------|------------|
| Room preference (i.e. Classroom, multipurpose room, gym) | MP Room | Gym | |
| Anticipated attendance | area staff | 5-12 grade | |
| Responsible person | | | |
| Stacking chairs | chairs for tables | | |
| Student desks | | | |
| Tables | Round tables for staff | | |
| VCR/TV | Projector | | |
| Overhead | or projectable surface | | |
| Screen | yes | | |
| Basketball hoops up or down (gym only) | | | |
| Cafeteria tables (MP room only) | | | |
| Flags | | | |
| Podium | | | |
| P.A. system | yes | | |
| Trash cans | yes | | |
| Power extension cords | yes | | |
| Other: | | | |

Additional comments: Area PD for multiple grades x4, numbers are not yet available.

Items listed may or may not be available for public use and are subject to additional use fees.

For official use only:

| | | | |
|---------------|--|--|--|
| Room assigned | | | |
|---------------|--|--|--|