

1-24-19

Amended

7-23-19

Change date
to 8-10-19

APPLICATION FOR USE OF SCHOOL FACILITIES
Omaha Public Schools - DEPARTMENT OF DISTRICT OPERATIONAL SERVICES
3215 Cuming Street Omaha, Nebraska 68131-2024
Phone: 402-557-2202 FAX: 402-557-2269

APPLICATIONS WILL BE APPROVED OR DENIED AND NOTICE SENT TO APPLICANT AND SCHOOL PRINCIPAL. APPLICATIONS MUST BE RECEIVED BY THE DEPARTMENT OF DISTRICT OPERATIONAL SERVICES AT LEAST FIVE (5) WORKING DAYS PRIOR TO PROPOSED BUILDING USE DATE. SCHOOL DISTRICT RESERVES THE RIGHT TO APPROVE OR DENY THIS APPLICATION IN ACCORDANCE WITH APPLICABLE SCHOOL DISTRICT POLICY, REGULATIONS, PRACTICES AND PROCEDURES.

INSTRUCTIONS:

- Fill out blanks completely or XX blanks which do not apply to your request. An incomplete form may be rejected.
- Obtain building principal's approval for use of the facility on specified date(s).
- Send completed application to Department of District Operational Services (address listed above).
- Questions regarding the application should be directed to the address and phone extension listed at the top of this page.

Amended form
NOON TO 1:30 PM

***** PERMIT IS GOOD FOR CURRENT SCHOOL YEAR ONLY ***** NO SMOKING OR ALCOHOL PERMITTED *****

- Official Name of Organization First National Bank/ Creighton University Men's Soccer Youth ☐ Adult ☐ YES ☐ Both ☐
- Proposed Use Free Soccer Clinic for community Date of Application 3-27-19
- School to be Used Soccer/Football Field at South High Hours of Day 10 AM am/pm (to) 1:30 am/pm
(Includes Setup and Takedown Time)

NOTE: Custodial pay is based on 1/2 hour before and after time shown above plus any additional time needed for setup and clean up.

- Space to be Used Soccer/Football Field at South High Size of Group Will cap at 120 kids
- Date(s) to be Used Saturday, July 27th 10-11:30 AM Aug 10
(Day(s) of week and date(s))

(In case of series of meetings, specify all dates.)

- Price of Admission: No XXXX Yes XXXX If yes \$ XXXX
- Special Equipment (Audio Visual): No XXXX Yes XXXX
If Yes, explain XXXX
- Room Set Up Required: No XXXX Yes XXXX
If Yes, explain XXXX
- Refreshments to be served: No XXXX Yes XXXX
If Yes, explain XXXX
(There will be a fee if kitchen facilities are needed.)

Commercial General Liability Policy

Insuring Company Chubb Ins. Policy Number 35757477

A certificate of insurance with a minimum combined single limit for bodily injury and property damage of \$1,000,000 must be provided to the Department of District Operational Services before use of the facility. Omaha Public Schools must be named as the Additional Insured for General Liability.

NOTE: Additional terms and conditions of the Application are printed on the reverse side of this application. You should read these carefully. Your signature on this Application signifies that you have read all instructions and will guarantee adherence to the rules and regulations for the above group.

Applicant Authorized Representative (Print Name) Johnny Torres (Signature) [Signature]

Applicant Address 2500 California Plaza Zip Code 68178 Phone No. 402-616-5441

Applicant Email XXXX Building Principal's Signature [Signature]

DO NOT WRITE IN THIS SPACE. FOR DEPARTMENT OF DISTRICT OPERATIONAL SERVICES USE ONLY

CHARGES:

Rental - Performance XXXX Custodial Services XXXX
- Rehearsal XXXX Stage Manager XXXX
Security Services XXXX Other XXXX

TOTAL XXXX APPROVED: XXXX
Department of District Operational Services

Fund Code: XXXX Program: XXXX Department: XXXX