

**APPLICATION FOR USE OF SCHOOL FACILITIES**  
 Omaha Public Schools – Department of District Operational Services  
 3215 Cuming Street Omaha, Nebraska 68131-2024  
 Phone: 531-299-9835 FAX: 531-299-0412

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:**

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

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

1. Official Name of Organization Impact Football Academy  Youth  Adult  Both  
 2. Proposed Use Soccer Practice Date of Application 10-19-21  
 3. School to be Used Omaha South High Hours of Day 6 am (m) (to) 9 am (m)  
(includes Setup and Takedown Time)

NOTE: Custodial pay is based on ¼ hour before and after time shown above plus any additional time needed for setup and clean up.

4. Space to be Used Gym Size of Group 20-30

5. Date(s) to be Used 11/2, 11/9, 11/16, 11/18, 11/30, 12/2, 12/7, 12/9, 12/16, 12/21, 12/28, 12/28, 12/29, 1/6, 1/13, 1/18, 1/27, 2/3, 2/10, 2/15, 2/17, 2/22, 2/24, 3/1, 3/3, 3/8, 3/10, 3/15, 3/17  
(Day(s) of week and date(s))  
(In case of series of meetings, specify all dates.)

6. Price of Admission: No  Yes  If yes \$ 3/22, 3/24, 3/29, 3/31

7a. Special Equipment (Audio Visual): No  Yes

If Yes, explain \_\_\_\_\_

7b. Room Set Up Required: No  Yes

If Yes, explain \_\_\_\_\_

8. Refreshments to be served: No  Yes

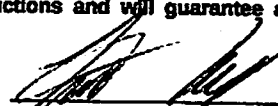
If Yes, explain \_\_\_\_\_

(There will be a fee if kitchen facilities are needed.)

**Commercial General Liability Policy**

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) Arturo Ochoa (Signature) 

Applicant Address 102 N Osage St. Papillion NE Zip Code 68046 Applicant Phone 402-281-6973

Applicant Email arturo@impactfa.com Alternative Phone 402-200-4408

Building Principal's Signature 

NOTE: OPS SCHOOLS AND DEPARTMENTS MUST COMPLETE THE CODING BELOW IN THE EVENT CHARGES OCCUR.

Fund Code: \_\_\_\_\_ Program: \_\_\_\_\_ Department: \_\_\_\_\_  
 Class Field: \_\_\_\_\_ Account: \_\_\_\_\_ Project/Grant: \_\_\_\_\_

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

**CHARGES:**  
 Rental – Performance \_\_\_\_\_ Custodial Services \_\_\_\_\_  
     – Rehearsal \_\_\_\_\_ Stage Manager \_\_\_\_\_  
 Security Services \_\_\_\_\_ Other \_\_\_\_\_  
 TOTAL \_\_\_\_\_ APPROVED: \_\_\_\_\_

Department of District Operational Services