Customer Support Center
Poudre School District
2445 LaPorte Avenue
Fort Collins, CO 80521
Phone: (970) 490-3333 | Fax: (970) 490-3110
csc@psdschools.org

FACILITY USE REQUEST FORM - COMMUNITY
INDOOR FACILITY USE

Fill out the following information and submit request to the Customer Support Center. Submission of request does not guarantee approval; reservation will not be confirmed until the Facility Use Permit and Acknowledgement of Receipt is received. Please allow 10 business days for processing. See district policy KF – Use of District Facilities, Facility Use Guidelines (Community), Building Rental Fees, and Personnel Fees for additional details.

Date: _____

Requester Name: _____ **Email Address:** _____

Organization Name: _____

On Site Emergency Contact: _____

Daytime Phone: _____ **Evening Phone:** _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Event Description: _____

Age Group: Pre-K-12th Grade   Adult

Liability Insurance: Yes   No   **Number Attending:** _____

Note: All user groups must submit a certificate of insurance with this application. Additional information regarding insurance requirements and options for obtaining insurance can be found at http://www.psdschools.org/department/building-rental.

Equipment and Service Needs:

Chairs   Quantity   Other   Please specify _____

Tables   Quantity

First Choice of Location

Location: _____   **Space(s) Requested:**   _____

Start Time: _____ **End Time:** _____   _____

Date (if one day only) _____   _____

Complete the following if request is for multiple dates: **Other:** _____

Start Date: _____ **End Date:** _____

To Be Held:	Weekly	Bi-Weekly	Monthly	Other (List): _____

Day(s) Held:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

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Second Choice of Location

Location: _____   **Space(s) Requested:** _____

Start Time: _____ **End Time:** _____   _____

Date (if one day only) _____   _____

Complete the following if request is for multiple dates: **Other:** _____

Start Date: _____ **End Date:** _____

To Be Held: Weekly   Bi-Weekly   Monthly   Other (List): _____

Day(s) Held: Sunday   Monday   Tuesday   Wednesday   Thursday   Friday   Saturday

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Third Choice of Location *(if applicable)*

Location: _____   **Space(s) Requested:** _____

Start Time: _____ **End Time:** _____   _____

Date (if one day only) _____   _____

Complete the following if request is for multiple dates: **Other:** _____

Start Date: _____ **End Date:** _____

To Be Held: Weekly   Bi-Weekly   Monthly   Other (List): _____

Day(s) Held: Sunday   Monday   Tuesday   Wednesday   Thursday   Friday   Saturday

Setup Instructions or Additional Information:

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