

Wichita Catholic Secondary Schools- Kapaun Mt. Carmel Catholic High School Facilities Use Application

Email completed form to kmcfacilities@kapaun.org at least 30 days prior to requested date(s).

Name of Applicant:		Phone:									
Email:											
Address:											
	Street			City, State							
Zip											
Name of Applicant Organization:											
Part of Facility Requested:				Other areas needed:							
Date Requested (if for a season, start date and end date):				Time(s) Requested:							
If for a season, then days of the week requested	M	T	W	Th	F	Sa	Su	Total Number of Participants per event (including parents/spectators):			
Activity for which facility is being requested:											
Will there be Children under 18 involved in activity?	Yes	No									
List of all adults responsible for Applicant Organization (Coaches, Moderators, Sponsors, Leaders). If more space is needed, please provide all names on separate sheet.											
Name:							Position:				
Name:							Position:				
Name:							Position:				
Have all adults been trained in Safe Environments for Children?	Yes	No	Certification for all adult training will be required								
Does Applicant/Organization have insurance?	Yes	No	If yes, then Name of Insurance Carrier:								
A Certificate of Insurance will be required											
Will Admission be charged for the activity?	Yes	No	Will Concessions be sold or food served during activity?				Yes	No			
Explain briefly how the proceeds from the activity will be used:											
The undersigned Applicant acknowledges and agrees that if this Facilities Use Application is approved by the School, then the Applicant, for himself or herself, and on behalf of the Applicant Organization, agrees to comply with the Regulations Governing the Use of School Facilities as promulgated by the Catholic Diocese of Wichita, a copy of which has been delivered to Applicant.											
Signed :							Date:				