

**JACKSON PUBLIC SCHOOL DISTRICT**  
Jackson, Mississippi

School Year 20\_\_ - 20\_\_

**APPLICATION FOR USE SCHOOL ATHLETIC FIELDS**

**Date of Application:** \_\_\_\_\_ **Date Requested:** \_\_\_\_\_

**Facility Requested:** \_\_\_\_\_

**Description of Activity: (Give a brief description of the activity and its purpose)**

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Check facility described and fill in dates, opening hour, and closing hour. The rate is established at time of use and event and does not include the following:

1. Custodial and supervisory services deemed necessary.
2. Lining the field (for football)
3. Supervising proper utility operation and
4. Use of the following football field equipment, the head linesman chair, the down market, such as permanent electrical or mechanical equipment that is located at the subject field.

No arrangements shall be made until payment and liability insurance has been received by this office 72 hours prior to use.

However, such rates do not include use of the public address equipment or dressing rooms. Security guards or other services, which may be deemed necessary, are the responsibility of the applicant.

The Executive Director will calculate total cost in the last column when the application is received. Opening and closing hours should include time needed for all pre- and post- function work.

Facility	Dates	Open	Close	Rate	Cost
Newell Field 7:00 a.m. – 3:00 p.m.				400.00	
Newell Field 3:00 p.m. – 11:00 p.m.				800.00	
Hughes Field 7:00 a.m. – 3:00 p.m.				400.00	
Hughes Field 3:00 p.m. – 11:00 p.m.				800.00	
N. Jxn Field 7:00 a.m. – 3:00 p.m.				400.00	
S. Jxn. Field 3:00 p.m. – 11:00 p.m.				800.00	
Practice Fields				200.00	
<b>TOTAL</b>					

The applicant understands that upon failure to comply with the Jackson Public School Policy KG/DEGA and any or all of the conditions stated therein, the Board of Trustees of the Jackson Public School District or its designee may terminate and cancel all privileges of the undersigned representative or group to use

said facilities and/or equipment provided therein, but any failure to terminate such privileges for the breach of said conditions within any particular time period shall not constitute a waiver of the right to do so for any specified breach or as to any other violation of said requirements.

Furthermore, as authorized by Board policy, the undersigned applicant understands that he shall be responsible for all costs of any repairs and/or replacements necessary due to any damage or deconstruction resulting from use of said building or equipment.

Policy KG/DEGA is hereto and incorporated herein as part of this application.

_____	_____
Group/Organization	Address
_____	_____
Representative Signature	Office Telephone
_____	_____
Title of Representative	Home Telephone

**RETURN APPLICATION TO:** Mr. Fred D. Davis, Executive Director  
Jackson Public Schools Administrative Office  
101 Near Street  
P. O. Box 2338  
Jackson, MS 39225-2338  
(601) 960-5412 – FAX  
(601) 960-8784 – OFFICE