

**D. C. Everest Schools Community Services  
Application for User Groups and Event Classification**

Date received by Community Services Office \_\_\_\_\_

Name of Organization \_\_\_\_\_

Purpose of Organization \_\_\_\_\_

Contact Person Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Day \_\_\_\_\_ Evening \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

**Board Members or Directors**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Day \_\_\_\_\_ Evening \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Day \_\_\_\_\_ Evening \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Day \_\_\_\_\_ Evening \_\_\_\_\_

Tax Status  For Profit  Not For Profit Tax ID No. \_\_\_\_\_

This Organization has existed under this current structure since \_\_\_\_\_.

How are the funds for this organization handled, collected, or distributed?

School Principal at \_\_\_\_\_ through Student Association Fund.

Organization's Treasurer. Name \_\_\_\_\_ Phone \_\_\_\_\_

Other, Please explain \_\_\_\_\_

Describe your regular activities or the specific event you are applying for. Please be specific as withholding information about activities or events is a violation of board policy and may result in loss of privileges.

Please X all that apply.

Open to public  Private Event open to members or by invitation only.

Admission will be charged for spectators.  Admission or registration fee charged to participants.

Organization intends to make a profit on event.  Event will involve wholesale and/or retail activity.

Funds appropriated by D. C. Everest School Board.

Describe the regular activities of this organization.

Holds regular meetings

Frequency \_\_\_\_\_

Purpose of meetings \_\_\_\_\_

Secures operating funds by? (please provide details)

Membership fees \_\_\_\_\_

Admission fees \_\_\_\_\_

Fundraising activities \_\_\_\_\_

**Community Services Office Completes This Information**

Approved Classification  1  2  3

Date Approved \_\_\_\_\_ By \_\_\_\_\_