



**Real Estate Services**

**Partnership Application for Joint Use Access**

**Organization's Name:** \_\_\_\_\_

**Organization's Contact Person:** \_\_\_\_\_

**Contact's telephone numbers: Home** (\_\_\_\_) - \_\_\_\_\_ **Mobile** (\_\_\_\_) - \_\_\_\_\_

**Best Time to Contract:**  AM  PM **Email Address:** \_\_\_\_\_

**School/WCPSS location desired for shared use:** \_\_\_\_\_

**Desired Facility Components:**

- Baseball Field                       Football Field                       Track                       Softball Field
- Multipurpose Field                       Outdoor Courts                       Soccer/ Lacrosse Field
- Restrooms/Concession Areas                       Gymnasium (new construction only)
- Other (please specify): \_\_\_\_\_

**Please check the days of week of each month joint use is desired:**

	M	T	W	TH	F	SAT	SUN		M	T	W	TH	F	SAT	SUN
JANUARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JULY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEBRUARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AUGUST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MARCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEPTEMBER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APRIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OCTOBER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOVEMBER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JUNE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DECEMBER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Purpose for shared use:**

\_\_\_\_\_

**Participants age group:** \_\_\_\_\_ **Total Number of participants:** \_\_\_\_\_

**Please print your name:** \_\_\_\_\_ **Today's date:** \_\_\_\_\_

**Please sign:** \_\_\_\_\_ **Your Phone number:** \_\_\_\_\_

**Your relationship with the organization (i.e., President, Chair, Member, etc.)** \_\_\_\_\_

Please print this completed form and mail or fax to the address provided below. You may also or email a scan copy to [zdavis@wcpss.net](mailto:zdavis@wcpss.net).