

District Use Only
Date Received: _____

**SCHOOL FACILITIES USE FORM (In District Only) 2021-2022**

---

---

**1. Contact Information**

Name \_\_\_\_\_ Department \_\_\_\_\_  
Work Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

**2. School Facility Information**

School Name \_\_\_\_\_  
Room(s) Requested \_\_\_\_\_  
(Example: auditorium, cafeteria, gymnasium, auxiliary gym, library, etc.)  
Door times: Open \_\_\_\_\_ Close \_\_\_\_\_

**3. Activity Information**

Name of Activity \_\_\_\_\_  
Activity Date(s) \_\_\_\_\_  
(Please include all set up and tear down dates)

Set Up Time: From \_\_\_\_\_ To \_\_\_\_\_ Date(s) \_\_\_\_\_  
Event Time: From \_\_\_\_\_ To \_\_\_\_\_ Date(s) \_\_\_\_\_  
Tear Down Time: From \_\_\_\_\_ To \_\_\_\_\_ Date(s) \_\_\_\_\_

**4. Equipment Needs**

Overhead Projector                       PA System (w/ one mic)  
 Podium                                               TV/VCR

\_\_\_\_\_ Total Chairs =      Chairs available at School \_\_\_\_\_      Chairs to be delivered \_\_\_\_\_  
\_\_\_\_\_ Total Tables =      Tables available at School \_\_\_\_\_      Tables to be delivered \_\_\_\_\_

**5. Special Needs or Set Up Instructions**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Signature** \_\_\_\_\_ **Date** \_\_\_\_\_