

District Use Only
Date Received: _____

SCHOOL FACILITIES USE FORM (In District Only) 2022-2023

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** _____