



APPLICATION FOR USE OF SCHOOL FACILITIES

School Site: _____

Facility: _____

Date(s) of Requested Use Total Length of Time for Facility Use (include set-up and clean-up):

Start Date _____ From _____ To _____ (hours needed)

End Date _____ From _____ To _____ (hours needed)

Group or Organization: _____

Mailing Address: _____

Name of Individual Responsible for Rental: _____

Phone: _____ Email Address: _____

Purpose of Facility Use: _____

I have read the Board of Education Policy and agree to abide by this policy. I further agree to pay the deposit and fees at least 72 hours before the scheduled use will be canceled. Notice of cancellation by user must be made no less than 72 hours before the scheduled use.

Signature of Applicant: _____ Date: _____

PERSONNEL REQUIRED (check all that apply)

___ Custodial Staff

___ Cafeteria Staff

___ Maintenance Staff

___ Supervisory Staff

ITEMIZED COSTS (to be completed by district staff):

Deposit: _____

Staff Cost: _____

Facility Cost: _____

Rental Cost: _____

TOTAL COST: _____

Principal's Signature: _____ Date: _____

Chief Officer of Operations Signature: _____ Date: _____

___ Approved	___ Not Approved	Date: _____
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