



Leavenworth Public Schools Facility Request Form



Requests must be filed no earlier than 60 days in advance and at minimum 10 days prior to the event date. Requests will be filled out and submitted to the administrator of the facility requested, this will follow an internal process for cost assessment and final approval or disapproval. Requestors will be required to provide insurance two weeks prior to an event and maintain it until completion of the event. Events that occur on school days will be canceled if school is canceled.

For requests of Pioneer Stadium, Auditorium, or Pioneer Sports Complex, with a total cost exceeding \$1,000 a \$500 deposit will be required prior to requests final approval. Deposits are refundable if the event is canceled by the requester at least 24 hours prior to the event

Name of requestor: (Print) _____ Phone: _____

Email: _____ Billing Address: _____

Are you a current employee of USD 453? Yes ___ No ___ Are you a Leavenworth Resident? Yes ___ No ___

Sponsoring Organization: _____

Building Requested: _____ Comments: _____

Space requested (circle all that apply): **Gym Cafeteria POD/open area Library Field BB/FB Other** _____

Date of use

Day of Week	Month	Date	Year	Start Time		End Time
					to	
					to	

Based on event requirements and staffing needs, an estimated cost will be generated. Support staff is required and is \$50 per hour to include general supplies.

The person signing this request agrees to assume responsibility for payment of all fees, enforcement of all facility use rules and regulations, provide liability insurance as required and be responsible for any damages to property that may occur by participants of the event. By signing the requestor has read and agrees to the building use agreement and guidelines.

Requestor: _____ **Date:** _____

Principal: _____ Approve: Yes ___ No ___

Technology: _____ Approve: Yes ___ No ___

CNC: _____ Approve: Yes ___ No ___

Facilities: _____ Approve: Yes ___ No ___

Board Of Education Use Only

Request for facility is: Approved ___ Disapproved ___ Facility Cost: _____

Liability Insurance Certificate Required: Yes ___ No ___ Labor Cost: _____

Deposit Collected: Amount \$ _____ Yes ___ No ___ Total Cost: _____

Board of Education Representative: _____

Revised 2/12/2024