

UNION PUBLIC SCHOOLS APPLICATION FOR USE OF SCHOOL FACILITIES

Attention: Sr. Facilities Manager 6836 S. Mingo Rd. Tulsa, OK 74133 Email: churchill.arthur@unionps.org Office phone: 918-357-7482

FORM MUST BE COMPLETELY FILLED OUT OR WILL BE RETURNED UNAPPROVED
ALL REQUESTS ARE TENTATIVE UNTIL REVIEWED AND APPROVED BY THE DISTRICT FACILITIES COMMITTEE AND OFFICIAL CONFIRMATION IS SENT OUT

	(attach an additional sheet of dates if necessary):	20
		ROOM(S) / AREA(S) REQUESTED:
TIMES:		
0	Set up time: am / pm TO am / pn	Doors open time: am / pm
0	Event time: am / pm TO am / pm	Clean up time: am / pm TO am / pm
SET-UP N	NEEDS (attach an additional sheet for more speci	ic instructions if necessary)
0	Tables (quantity and location):	Chairs (quantity and location):
0		
0	Podium: yes no Other needs	nd / or requests:
	CENTER	U NEODALTION
CONITA		AL INFORMATION
CONTA		A 11
0		Address:
0		Phone number:
	ED ATTENDANCE:	
	ON CHARGE / COLLECTION OF MONEY / FL	•
NFLATA	ABLES (if yes, see liability requirements below):	yes no MEAL / FOOD TO BE SERVED: yes no
regulations damages tl invoice. G will not ad	s of the Union Board of Education governing the use of hat may occur to the building or equipment during such Great Plains Coca-Cola, Inc. has the exclusive marketing lvertise, serve or sell any beverages on school district parts of any special services or accommodations required to or d any special services or accommodations required to or accommodations.	ining to the use of school facilities and hereby agree to comply with the rules and such buildings specified in Board Policy #1350 and agree to be responsible for any use. I understand that any charges are to be paid in advance or upon presentation o and advertising rights for all beverages and on all school district property. Facility use toperty which are not product brands distributed by Great Plains Coca-Cola, Inc. I comply with Section 504 and Title II of the ADA for the use of district facilities by any lessee will be the full responsibility of lessee. Inflatable companies will need to provid ols is listed as an additional insured.
participant		DATE:
oarticipant nsurance	NT'S SIGNATURE:	
oarticipant nsurance APPLICAN	nt's signature:	