



**APPLICATION FOR THE USE OF SCHOOL FACILITIES**  
(Submit the completed form at least thirty days prior to the event)

Name of Applicant/Organization \_\_\_\_\_  
(Please print) (If you are not-for-profit organization, submit 501(c)(3) paper work with application)

Contact Person (Please print) \_\_\_\_\_ E-Mail \_\_\_\_\_

Telephone Information (Day) \_\_\_\_\_ (Night) \_\_\_\_\_ (Cell) \_\_\_\_\_

Description and Purpose of Activity Planned \_\_\_\_\_

Estimated Number of Persons in Attendance \_\_\_\_\_

**DATES BUILDING OR GROUNDS ARE TO BE USED**

Name of School \_\_\_\_\_

Room(s) Desired \_\_\_\_\_

Dates and Times (include time for set-up and breakdown) of Use:

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

**Set-Up Instructions (Use other side if you run out of room):**

\_\_\_\_\_

Is this meeting open to the public? \_\_\_\_\_ Will there be a charge made for admission or a donation or contribution solicited? \_\_\_\_\_ If so, for what purpose will the proceeds be used? \_\_\_\_\_

Will you be using the Kitchen \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, there is a fee of \$18.54 per hour for a Whitson's employee to be present in the kitchen during use.

**FOR DISTRICT USE**

Custodial Overtime Hourly Rate: \_\_\_\_\_ Facility Use Fee(s): \_\_\_\_\_  
Estimated Number of Custodians Needed for Event \_\_\_\_\_ Total Estimated Custodial Overtime Hours \_\_\_\_\_

Head Custodian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ (Adam Lodewick-Gym/Field Use) Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ (Robert Martin - MLMT Use) Date: \_\_\_\_\_

Recommended by: \_\_\_\_\_ Date: \_\_\_\_\_  
School Principal

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Business Official/Director of Facilities