Jefferson County School District R-1: Building and Facility Use Request Form

***All requests must be submitted directly to the office staff at the school**

Organization:_____
Type of Organization:_____
Contact person:_____
Billing Address:_____
City:_____ State:_____ Zip:_____
Home Phone:_____ Cell:_____
Email Address:_____ _____

(All agreements and invoices will be sent via email, please check spam/junk)

School Name:_____
Room(s)/Field(s) Requested:_____
Activity Name:_____
Number of Attendees:_____
Equipment/Set up Needed: _____

NOTICE: Field Use Equipment (portalet rentals)
Rental company name: _____
Contact person and phone number: _____
Note: Portalets must be secured in place and located away from storm drains.

****PLEASE REVIEW TIME CAREFULLY! ALL TIME WILL BE BILLED WITHOUT 24 HOUR CANCELLATION NOTICE TO THE SCHOOL****
You must also notify General Accounting buildinguse@jeffco.k12.co.us for cancellations

Dates and Times Requested

Date	Day	Set-Up Time (Optional)	Event Start Time	Event End Time	Teardown Time (Optional)
		a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.	a.m./p.m.	a.m./p.m.

Office use only: _____ Approved _____Disapproved
Date received:_____ Date entered:_____
Will there be a custodian on duty? Y N ____ hours of custodial overtime will be billed to the user.
Will security be required? Y N
Name of approved District staff member responsible for facility if no custodian will be on duty:
_____
Restrictions:_____
Principal/Administrator Signature:_____