

**FACILITIES REQUESTED:**

☐ Classroom(s) #'s _____

☐ Band Rm ☐ Choir Rm

☐ Art Rm ☐ ISM Rm

☐ Stage (*elementary/junior high*)

☐ Main Gym

☐ Aux Gym- New ☐ Old ☐

☐ Cafeteria

☐ Media Center

☐ Perf. Arts Center (*high schools*)

☐ ECC Room

☐ Commons

☐ Pool

☐ Other (Fields, Parking Lot, outdoors, etc)

Other fill in:

**PLEASE LIST ALL SPECIAL SET UP
AND/OR VENDORS EQUIPMENT NEEDS:**

[illegible]**PERSONNEL NEEDED*:**

***May be changed at the discretion of the Facility Use Manager**

Custodian		Grounds	
Technician		Lifeguard	
Kitchen			

SCHOOL GROUP/TEAM	YES ☐	NO ☐
FUNDRAISER EVENT	YES ☐	NO ☐
LIABILITY INSURANCE	YES ☐	NO ☐
NON PROFIT GROUP	YES ☐	NO ☐

(Must provide copy of 501(c) (3) verification)

The Facilities Use Staff will send a cost estimate. Final Invoices will reflect charges according to actual usage. Utica Community Schools Board of Education Policy 1200-Use of Facilities, and the associated Rules and Regulations, are hereby incorporated into this agreement and made a part hereof.

ASN # TO BE CHARGED _____ Building Administrator Signature _____
 PLEASE EMAIL TO: facilityuse@uticak12.org