



Facilities Department

2204 5th Avenue

Greeley, Colorado 80631

Phone: 970-348-6405 Fax: 970-348-6430

Email: district6-facilityuse@greeleyschools.org

www.greeleyschools.org/facilityuse

Date Received

OFFICE
STAMP

FOR OFFICE USE ONLY

Approved

Denied

Cancelled

Facility Use #

WO #

(if applicable)

Entered onto
Sports Sheet:

YES

N/A

Facility Use Form: ***IN-DISTRICT***

In-District form is used for internal events (District Sponsored Events)

Fill out the following information and submit to the School Office Manager.

Submission of request does not guarantee approval.

Please allow 2 weeks for processing.

Today's Date: _____

School/Organization/Department: _____ Contact Name: _____

Phone: _____ Cell Phone: _____

Email: _____

Event Title: _____ Number of People Attending: _____

Event Description:

Requested Location: _____ (Name of school, building or sports complex)

List classroom number or name of room (cafeteria, main gym, aux gym, auditorium, fields, etc) being requested:

Room: _____ Room: _____ Room: _____ Room: _____ Room: _____

Room: _____ Room: _____ Room: _____ Room: _____ Room: _____

Room: _____ Room: _____ Room: _____ Room: _____ Room: _____

Room: _____ Room: _____ Room: _____ Room: _____ Room: _____

Additional Rooms or Field(s) Needed: _____

Start Date: _____ End Date: _____

Setup Arrival Time: _____ Event Start Time: _____ Event End Time: _____ Departure Time: _____

To Be Held: ☐ Single Day ☐ Weekly ☐ Monthly ☐ Other: _____

Day(s) Held: ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

SET UP NEEDS:

☐ Set up needed ☐ No set up needed

Equipment Needs:

- | | | | |
|---|--|--|--|
| ☐ Promethean Board | ☐ Projector | ☐ Projector Screen | ☐ Microphone |
| ☐ Chairs _____
Quantity | ☐ Tables _____
(on-site only) Quantity | ☐ Other _____ | |
| ☐ Risers _____
Quantity | ☐ Stage 12" _____
Quantity | ☐ Stage 24" _____
Quantity | ☐ Stage 32" _____
Quantity |
| ☐ Football Equipment ☐ Soccer Equipment | | (24" and 32" staging come with a set of steps (2)) | |

REQUESTOR'S SETUP RESPONSIBILITY: What the teacher/requestor will be responsible to set up

CUSTODIAL: School, room #/area used, Day(s), Date(s), Time(s), set up needs

GROUND: School, Room #/area used, Day(s), Date(s), Time(s), delivery needs, no mowing, no watering, etc

HVAC: School, Room #/area used, Day(s), Date(s), Time(s)

SECURITY: Provide door locations and times to unlock and lock for event

Exterior Doors: _____	
Unlock: _____	Lock: _____
Interior Doors: _____	
Unlock: _____	Lock: _____

- I have read and understand the terms and conditions as noted in the Facility Rental Guide.

Signature of Agreement of Responsible Person

Date

NEXT STEP: Complete the Facility Use Form and submit to the requested school's Office Manager

Approved _____ with conflict dates, if any: _____

*Reminder: No School Dates , Parent Teacher Conferences,
Concerts, District Holidays, District Closure Dates*

Denied _____ Reason _____

Signature of Principal or Site Administrator

Date

NEXT STEP: Complete this portion of the form and submit to the Facilities Department

EMERGENCY CONTACT INFORMATION

Bruce Corbin
(970) 371-5069
Custodial Department Manager

Shana Stinnett
(970) 590-0233
Custodial Night Foreman

Abe Rascon
(970) 518-8234
Custodial Night Foreman

For Facilities Department Use Only:

Approved _____ Denied _____ Cancelled _____

Kitchen Use - Approved by Nutrition Supervisor: _____ N/A

COPIES TO:

_____ Applicant	_____ Mech. Maint. (HVAC)
_____ Office Manager	_____ Grounds
_____ Building Manager	_____ IT Dept.
_____ Custodial	_____ Nutrition Dept.

Facilities Office Signature

Date