



S.U.S.D. Request for Use of School Facilities

Request for use of: _____
Name – Location of School Facility

Date of use: _____ Starting Time: _____ Ending Time: _____

Total number of hours requested: _____ Requested by: _____
(Group or Organization)

Responsible Party: _____

Address: _____ Phone Number: _____

Purpose of use: _____

Admission Charge: ☐ Yes ☐ No

I understand that my signature to this document indicates that I have read the attached conditions and agree by them.

Signature for the Organization

DO NOT WRITE BELOW THIS LINE

Security **REQUIRED** at the expense of the Requester. Event must be approved 14 days prior.

☐ Approved ☐ Rejected - _____
School Building Principal

☐ Approved ☐ Rejected - _____
Maintenance Supervisor

☐ Approved ☐ Rejected - _____
Superintendent

☐ Approved ☐ Rejected - _____
Business Manager

Refundable deposit submitted to the Business Office: _____

Total charges paid in full and submitted to the Business Office: _____

Deposit Refundable ☐ Approved ☐ Rejected - _____
Maintenance Supervisor