

FORM B: IN-HOUSE FACILITIES USE APPLICATION

Faculty and Staff Use For School-Related Events Only

To be filled out and signed by any NCS staff member requesting use of the building during or after school hours for any school-related purposes. Outside organizations and school personnel requesting use of the building for other than a school-related function must fill out a separate Facilities Use Application (FORM A).

Please submit 30 days prior and allow a 10 day period for response.

REMINDER: NCS is a latex-free building. We do not permit the use of latex gloves, balloons or other latex items either during or after school hours. Please do not bring any latex items onto the premises.

Date of Request: _____

To the Coordinator of Afterschool and Community Activities: The undersigned hereby makes application for the use of the school building and/or grounds as follows:

PLEASE CHECK AREA:

Cafeteria ____ Cafeteria Stage ____ Computer Lab ____ Library ____ Art Room ____
Band Room ____ Choral Room ____ Gym 1 (Girls) ____ Gym 2 (Boys) ____ Grounds ____
SACC Room ____ Other (be specific) _____

- Date(s) of building use (specific dates): _____
- Times (include set up times if required): _____
- Time of Event: _____
- Name of Organization: _____
- Person in charge: _____ Contact phone: _____
- Purpose for which the facilities will be used: _____
- Equipment requested: (Any tech needs listed require submission of Tech Help Desk Ticket) _____

Access Needed (ie: locker rooms, kitchen): _____

● **Please Circle If This Event Should Be Public Or Private On The District Calendar:**

Public or Private

- Personnel requested: Custodian ____ Food Service: ____ Technology Person: ____
- Attendance Expected: _____
- Will an admission fee be charged: _____ If so, list dispensation of fees collected: _____
- Applicant's Signature: _____ Date: _____
- Principal's Signature: _____ Date: _____

For Office Use Only:

I have read the above application and hereby certify that it will not interfere with the school calendar or school programs in any way, and that the area requested will be vacant at the time(s) stated above:

Date Received by Coordinator: _____ Tentatively Placed on Calendar: _____

Superintendent's Signature: _____ Date: _____

Coordinator Signature: _____ Date: _____

Copied and submitted back to applicant on: _____

Copied and submitted back to principal on: _____

Notes: