



REQUEST FOR COMMUNITY USE OF SCHOOL FACILITIES

EXHIBIT B

Schedule ID: _____

Attention applicants for facility use: Please complete the following information. Your request for use of District facilities is subject to approval of the Facilities Management Department, who will contact you to finalize terms and rates if your request is approved.

FACILITY INFORMATION

Facility Requested _____

Area/Rooms Requested _____

USER/ORGANIZER INFORMATION

Organization Requesting Use: _____

Address: _____

Tax Exempt #: _____

Organization Contact: _____

Daytime/Cell Phone: (____) _____ E-Mail Address: _____

On Site Adult Responsible Contact: _____

Daytime/Cell Phone: (____) _____ E-Mail Address: _____

Insurance Carrier: _____

Policy Number: _____

Expiration Date: _____

SCHEDULE INFORMATION

Circle Days

Dates Requested: _____ SU M T W TH F SA

Time(s) Requested: _____

Activity Description: _____

Is Participant Fee Charged: Yes () No () If participant fee is charged, list amount for all costs/fees charged to participants for duration of facility use: \$ _____

Estimated # of Participants: _____

List Any Special Room Set Up Required: _____

SCHOOL AUTHORIZATION

For School Use Only:

Is the school available for this request: Yes () No ()

I verify that my school is available for this request and approve Facilities Management to process this request for the dates and times specified above.

School Administrator: _____ Date: _____

For Facilities Use only

Estimated Fee:

Total Number of Hours of Use: _____ hours

Rental Hourly Rate: \$ _____ per hour Total Rental Rate Fee: \$ _____

Custodial Personnel Fee \$30.00: _____ hours (minimum of 4 hours) Total: \$ _____

Damage Deposit: \$ _____ (if required)

Special Equipment Fee: \$ _____

Total Payable at Time of Approval: \$ _____

Request Approved () Request Denied () Date: _____

Facility Use Coordinator: _____