Code No. 905.1E1

COMMUNITY USE OF SCHOOL DISTRICT FACILITIES & EQUIPMENT APPLICATION FORM

Name of Requestor: _____

Address: _____

Phone Number: _____ Email: _____

If you represent an organization, please indicate: _____

Facility Requested: _____

Purpose: _____

Date: _____ Time: _____

Time door should be open: _____ Time event begins: _____

Hours facility will be in use: _____ Time event ends: _____

Special Arrangements: _____

Additional equipment Needs: _____

Do you agree to observe the no smoking areas and agree to not bring alcoholic or illegal substances on the premises?_____

Do you agree to pay for any damages due to your use of district facilities?

_____

Do you agree to accept liability for any accidents or injuries to those in attendance at your request or invitation to the function for which you are requesting e of school facilities?_____

OFFICE USE ONLY

Category of Requestor: _____ Facility Use Fee: _____

Cleaning Fee (TBD): _____ Equipment Fee: _____

Personnel Costs: _____ Date Filed: _____

School Official Approval: _____