

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: _____