



REQUEST FOR COMMUNITY USE OF SCHOOL FACILITIES

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. That department will contact you to finalize terms and rates if your request is approved.

Facility Information

Facility Requested: _____
 Area(s)/Room(s) Requested: _____

User Organization Information

Organization Requesting Use: _____
 Address: _____
 Tax Exempt #: _____
 Organization Contact: _____
 Daytime/Cell Phone: _____
 E-Mail Address: _____
 On Site Adult Responsible Contact: _____
 Daytime/Cell Phone: _____
 Insurance Carrier: _____
 Policy Number _____ Expiration Date _____

Schedule Information

Date(s) Requested: _____ SU M T W TH F SA
 Time(s) Requested: _____
 Activity Description: _____
 Estimated # of Participants: _____
 Room Setup: _____

School Authorization

For school use only:
Is the school available for this request? Yes? _____ No? _____
 I verify that my school is available upon approval by Facilities Management for the times and dates specified above.

 Principal Signature Date

Fee Information

For Facilities Use only:

Number of hours of use:	_____ hours	Estimated Fee
Hourly Rate	_____ per hour	_____
Custodial Personnel Fee: \$27.00 (minimum of 4 hours)	_____ hours	_____
Damage Deposit: (if required)	_____	_____
Special Equipment Fee:	_____	_____
Total Payable at Time of Approval	_____	_____

Request Approved

Request Denied

 Facility Use Coordinator