

USE OF FACILITIES AND EQUIPMENT AGREEMENT FORM

NAME OF GROUP:	NO. EXPECTED:
DATE OF APPLICATION:	TELEPHONE:
NAME OF EVENT:	ROOM(S) NEEDED:
TIME FACILITIES MUST BE OPENED FOR SETUP :	
TIME EVENT BEGINS :	TIME EVENT ENDS :
TIME FACILITIES MUST BE CLOSED:	

AREA(S) REQUESTED: CLASSROOM(S) COMMONS/CAFETERIA COMPUTER LAB GYM
 KITCHEN LIBRARY POOL OTHER

FACILITY CHARGE:	\$
PERSONNEL (CUSTODIAN/FOOD SERVICE/POOL) CHARGE:	\$
EQUIPMENT CHARGE:	\$
TOTAL:	\$

EQUIPMENT NEEDED TO BE SET UP (chairs/tables, etc.): _____

EXPLANATION OF USE: _____

NAME, **MAILING ADDRESS**, PHONE NUMBER OF PERSON(S) MAKING REQUESTS: _____

NAME(S) OF ADULT(S) PROVIDING THE SUPERVISION: _____

I acknowledge receipt of a copy of the District's School Board Policy 830 - Exhibit (1) **FACILITY POLICY MANUAL**, that I have reviewed and I will be responsible for ensuring compliance with it.

SIGNATURE: _____ *DATE*: _____

APPROVER'S NAME: _____ TITLE: _____ DATE: _____

The submission of this signed agreement secures your event on the DISTRICT CALENDAR. Your event is not scheduled until the approval signature is secured and financial obligations are paid.

FOR OFFICE USE ONLY:

Personnel on duty:

Comments on condition of building after use: