

Facility Use Request

Name of Group _____ Date _____

Contact Person _____ Telephone _____

Billing Address _____

Date of the activity/event _____

Access to the building needed at _____ AM/PM to _____ AM/PM

Space, rooms to be used _____ Number of people _____

Type of activity/event _____

Person in charge at the event _____ Telephone _____

Each group may be required to provide a copy of their liability insurance policy covering participants and/or spectators at this activity/event.

Security Deposit \$ _____ Date Paid _____

Rental amount \$ _____

Personnel hours required _____ Personnel Cost \$ _____

Explanation of Costs:

Total cost \$ _____

Comments:

Signature of Contact Person _____ Date _____

Signature of Building Principal _____ Date _____

Signature of Superintendent _____ Date _____