

LAKE HAMILTON SCHOOL DISTRICT REQUEST FOR SCHOOL FACILITY USE FORM

Date of request: _____ Date needed: _____

Group/Organization: _____ Request made by: _____

Facility requested: _____

Facility will be used for: _____

Time of occupancy: From: _____ a.m./p.m. To: _____ a.m./p.m.

Contact person: _____ Telephone Number: _____

School Sponsor _____ School Sponsor

for Group: _____ Telephone #: _____

COST FOR FACILITY USE

Cost of facility to be used: _____

Custodian needed or required: Yes: _____ No: _____

If yes: Number of custodians: _____ Estimated number of hours: _____

Security needed or required: Yes: _____ No: _____

If yes: Number of deputies needed: _____ Estimated number of hours: _____

Other help needed: _____

School equipment to be used: _____

Total estimated cost (To be completed by principal, superintendent or assistant superintendent):

\$ _____

I/We have been given a list of rules for school facility use, read the rules, and agree to abide by these rules and this agreement.

Applicant's signature: _____ Date: _____

REQUEST: _____ APPROVED _____ DENIED

Principal: _____ Athletic Director –
If Athletic Facility _____

THE BUILDILNG PRINCIPAL WILL FORWARD A COPY OF THIS COMPLETED & SIGNED FORM TO THE ASSISTANT SUPERINTENDENT FOR SUPPORT SERVICES PRIOR TO USE.

Insurance waiver: We agree to carry liability insurance with the Lake Hamilton School District named as additional insured

Applicant's signature: _____

NOTE: Application must be made 30 days prior to usage. Payment for facility and labor must be made prior to the use of the facility.

All checks for facilities and/or labor are payable to:
Lake Hamilton School District, 205 Wolf Street, Pearcy, Arkansas 71964