

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: _____
Cafeteria help needed or required:	Yes: _____ No: _____
If yes: Number of workers 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 _____
 Athletic Director –
 Principal: _____ 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 hold the Lake Hamilton School District free and without harm from any loss or damage, liability, or expense that may arise during, or be caused in any way by, such use or occupancy of district facilities in lieu of purchasing liability insurance.

Applicant's signature: _____

NOTE: Application must be made 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