



Permit for use of School Facilities

School/Department To Be Used _____ Date ____/____/____

FACILITIES REQUESTED: (Please be Specific)

- 1. Classroom(s) No.(s) _____
- 2. Elementary Field or Playground Area
- 3. JV Field
- 4. Varsity Field
- 5. Elementary MPR
- 6. Elementary MPR (with kitchen – Cafeteria worker required)
- 7. MPR MS or HS
- 8. MPR MS or HS (with kitchen –(cafeteria worker required)
- 9. Gymnasium MS _____ HS _____
- 10. Parking Lot Lights
- 11. Library Center
- 12. Stage

✓ Place Check Mark next to area or items needed

Performing Arts Center

Auditorium

- 1. Speakers/Sound/Light Boards
- 2. Projectors

Black Box

- 1. Speakers/Sound/Light Board

- Classroom
- Make-up Room
- Stage Craft Area
- Tickets / Concession

Place Check Mark next to area or Items needed

DATE(S) NEEDED: (Please Specify) List exact hours requested on each date

Day: _____ Date: ____/____/____ Hours: From _____ AM/PM To _____ AM/PM

Day: _____ Date: ____/____/____ Hours: From _____ AM/PM To _____ AM/PM

DESCRIPTION OF ACTIVITY: _____

Name of Organization: _____ License No: _____

Address: Street _____ City: _____ Zip Code _____ Telephone _____

Person(s) in Charge: _____ Email address: _____

SPECIAL EQUIPMENT OR PERSONNEL REQUESTED:

Signed: _____
Title: _____
Date: ____/____/____

OFFICE USE ONLY			Number Of People
NO	YES		
Stage Manager	____	____	_____
Custodial Worker	____	____	_____
Security	____	____	_____
Cafeteria Worker	____	____	_____
Technician	____	____	_____

Checklist of Information	
Yes	NO
____	____
Facility Package & Request Complete	
____	____
Certificate of Insurance	

FINANCIAL SERVICES APPROVAL _____ **DATE:** ____/____/____

Facilities Rental Agent

Facilities Manager _____ Principal _____ Accounting _____

Total Charges (6/12/12)