

# FACILITY USE REQUEST

Date: \_\_\_\_\_

Organization or Activity: \_\_\_\_\_

Address

Phone #

Advisor or Representative: \_\_\_\_\_

Print Name

Signature

Telephone Number of: \_\_\_\_\_

Organization

Representative

Area or Room(s) Requested: \_\_\_\_\_

Purpose: \_\_\_\_\_

Dates & Times: \_\_\_\_\_

This does not conflict with other uses: \_\_\_\_\_ (check)

Special Arrangements (seating, lighting, audio, personnel): \_\_\_\_\_

Does your organization have liability insurance \_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, please attach a copy of your Certificate of Insurance.*

Names of Chaperones (for student activities):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Board Clerk or Board President

**\*non-school requests require Board of Education approval**

---