

# FACILITY USE REQUEST

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

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

\_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ E-mail Address \_\_\_\_\_

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**

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