

Lemoore Union Elementary School District

Permit For Use of School Facilities

TO: Principal

Date of Application: _____
(must be 10 working days prior to use)

Name of Organization: _____

Contact Person: _____ Phone: _____

Billing Address: _____

Activities: _____ Days Requested Mon Tue Wed Thu Fri Sat Sun

Facility	Date and Hours of Use	Cost per hour	
Gymnasium/Multipurpose Room		\$ 25.00	\$
Kitchen		\$ 25.00	\$
Athletic Fields		No Cost	\$
Classrooms		\$ 10.00	\$
Cafeteria		\$ 25.00	\$
Other		To be Determined	\$

Other Fees	Date and Hours of Use	Cost per hour	
Deposit	NA	To be Determined	\$
Custodial if already on site		No Cost	\$
Custodial call in		\$ 36.00 (2 hr. min)=\$72.00	\$
Custodial call in on Holidays		\$ 48.00 (2 hr. min)=\$96.00	\$
Utilities		\$ 15.00	\$
Food Service Personnel		\$ 35.00	\$
		Total	\$

Insurance Certificate Required (\$1 Million): All Organizations No Exceptions

Please comply with the following to keep our facilities clean and safe. Failure to comply may cause your request to be revoked or cause future requests to be denied.

1. Do not prop doors open. (all rooms)
2. No children on stage. (cafeteria, multipurpose room)
3. Wipe down all tables and/or desks after food or projects.
4. Throw all trash away.
5. Do not touch bulletin boards, sound system, computer area, etc.
6. Requested area must be left clean and orderly.
7. Treat all classroom materials and equipment with respect.
8. Mandatory finish time 9:00 p.m.
9. Payment Net 30 Days.
10. Some dates may be canceled due to unforeseen district events. Please note cancellations by district will be avoided when all possible. You will be notified of cancellations as soon as possible.

I AGREE TO THE CONDITIONS LISTED ABOVE:

Signed: _____ Date: _____

Principal's Signature Date: _____ ☐ No Conflict ☐ Approved ☐ Denied

Facilities, Maintenance and Operations Director Date: _____

Chief Business Official Date: _____ ☐ Approved ☐ Denied ☐ Approved with fees waived