

**CAMANCHE COMMUNITY SCHOOL DISTRICT
REQUEST FOR RENTAL OF FACILITIES**

1. Name or Organization Requesting Approval for Rental and Address:

2. Specific Date(s) Requested:

3. Specific Time(s) Requested: **(Not available before noon on Sundays or after 7 on Wednesdays)**

4. Specific Facility/Facilities Requested:

5. Special Needs (Equipment/Personnel, Etc.):

6. Purpose of the Activity:

7. Printed Name of Person Supervising the Event: **This person must be present throughout the entirety of the event.**

8. Email Address of Person Supervising the Event:

9. Contact Number of Person Supervising the Event:

10. Signature of Person Supervising the Event:
_____ Date: _____

INCOMPLETE REQUEST FORMS WILL NOT BE PROCESSED!

IN ACCORDANCE TO THE CAMANCHE CSD BOARD POLICY 1003.1, A CERTIFICATE OF LIABILITY MUST BE RECEIVED BEFORE YOUR REQUEST WILL BE APPROVED.

FOR OFFICE USE:

Date Request Received _____	Request Denied _____
Request Granted _____	Rental Fee _____

The School Board policy governing the rental of school facilities is available upon request.