## REQUEST FOR USE OF FACILITIES

## TO BE COMPLETED BY APPLICANT

Check the facilities desired:

FAC	CILITY	PER HOUR F	EE
Classrooms: \$ Number of Cla Location - Roo	om Number(s):		
Library		\$	-
Gymnasium	:	\$	-
Kitchen		\$	
Cafeteria		\$	
Auditorium		\$	
Swimming Pool	-	\$	
Computer Lab		\$	
Ind. Arts Room		\$	
Other Building Space Specify Space		\$	
Playfield:	ng Request	\$	
		residents of the School District:	0/0
		Todachie of the concer planet.	
City:		State:	Zip:
Home Phone:		Business Phone:	

1.	Purpose of function (Brief):					
2.	Cost of admission or fees: \$					
3.	Describe any items to be sold:					
4.	Purpose of money received.					
5.	Type of materials to be distributed?					
6.	Number of people attending?					
7.	Day(s) and Date(s) and Time(s) needed:					
8.	Equipment requested. Describe in detail (number of chairs, number and type of tables, movie projector, PA system, etc.)					
9.	Describe setup required, if other than normal:					
10.	A \$ deposit is required for those in categories 3, 4, and 5 as specified in administrative guidelines for Board policy 7510. The deposit is refundable with forty-eight (48) hour notice of cancel option.					
11.	User fees are due and payable upon receipt of School District billings which will be made at the conclusion of use.					
damages to any	hereby agrees to indemnify and hold harmless the School District from any liability for y person or property in or about the School District premises from any cause whatsoever. groups using school facilities shall be responsible for the proper supervision, control, and of persons attending the activity. The applicant agrees to be responsible for the order."					
Applicant	Date Signature					

Request for Facility Use Building

Reque	est for Facility Use Building			
	ory of User: (See AG 751			
1.	Category 1		4. Cate	gory 4
2.	Category 2		5. Cate	gory 5
3.	Category 3			
Charges to User:		Estimated <u>Cost</u>	Actual Cost to Date	Final Actual Cost
1.	Facility Rental			
2.	Equipment Rental		-	·
3.	Custodial Cost		şş	
4.	Food Service Cost		-	
5.	Lifeguard Cost			
6.	Damages	*		
7.	Other:			
		-		
	·			
				-
TOTAL	TOTAL COST:			X <del></del>
LESS	LESS DEPOSIT RECEIVED:			9
BALAN	BALANCE OWED:			·
COMMENTS:	"Comments" t	pelow. s <u>NOT</u> approved. I	Reasons noted unde	

Request for	-acility Use Building	
NOTE TO B	JILDING ADMINISTRATOR:	
A.	If approved, send original copy of this form along with the deposit to t If not approved, send a photocopy to the applica with the deposit.	
В.	The following must be done by the next Wednesday following the last day of use:	
	Complete the "Final Cost" column.	
	2. Stamp with red ink "OK to Bill" in upper right corner.	
	3. Send the red stamped copy to the in t	the

the

user.

On the first work day of each month, the \_\_\_\_\_ will check all open files. If bills have not been received as required, a memorandum will be sent to the

respective building administrator asking for an explanation. A copy of that memo will be

will attach the copy of Final bill to the copy

sent to

of the approved application and place it in a Closed file.

C.

D.

E.

When the

bill is

sent to the \_\_\_\_\_