

USE OF FACILITIES and EQUIPMENT AGREEMENT FORM

NAME OF GROUP: _____ NO. EXPECTED: _____

DATE OF APPLICATION: _____ PHONE: _____

DATE OF EVENT: _____ ROOM(S) NEEDED: _____

TIME FACILITIES MUST BE OPENED FOR SETUP: _____

TIME EVENT BEGINS: _____ TIME EVENT ENDS: _____

TIME FACILITIES MUST BE CLOSED: _____

AREA(S) REQUESTED: KITCHEN _____ CLASSROOM(S) _____ COMPUTER LABS _____
CAFETORIUM _____ GYM _____

FACILITY CHARGE: \$ _____

PERSONNEL (*Food service and/or custodian*) CHARGE: \$ _____

EQUIPMENT CHARGE: \$ _____

TOTAL \$ _____

EQUIPMENT NEEDED TO BE SET UP (Chairs/tables, etc.): _____

EXPLANATION OF USE: _____

NAME, MAILING ADDRESS, PHONE NUMBER OF PERSON(S) MAKING REQUEST: _____

NAME(S) OF ADULT(S) PROVIDING THE SUPERVISION: _____

PERSON RESPONSIBLE FOR USE: _____

Signature *Date*

I acknowledge receipt of a copy of the District's **FACILITIES AND EQUIPMENT USAGE RULES** (which are incorporated herein by reference as if fully set forth herein), that I have reviewed them and that I will be responsible for ensuring compliance with them.

AUTHORIZATION

Approval Signature for Event by:

Name Title Date

Name Title Date



The submission of this signed agreement secures your event on the DISTRICT CALENDAR. Your event is not scheduled until the approval signature is secured and financial obligations are paid.

CUSTODIAN ON DUTY: _____

COMMENTS ON CONDITION OF BUILDING AFTER USE: _____