

FOR A SCHOOL SANCTIONED EVENT

REQUEST TO SCHEDULE: FACILITY / GROUNDS / EQUIPMENT

To insure room availability, requests must be submitted as the first step in planning your activity. Complete and return to the District Office

1. Applicant Information

Contact Person _____ Day Phone _____ Evening Phone _____

Purpose for use _____ Estimated Attendance-Adults _____ Youth _____

2. Facilities / Grounds / Equipment Requested

Gymnasium: North gym South gym w/stage Wrestling room Weight room Bleachers: Yes No

Cafeteria: With Kitchen Without Kitchen

Building/Classrooms: Name of building _____ Room # _____

Athletic Field/Stadium Name of field _____

Other (tables, chairs, tarps, sound system, etc.) : _____

Dates of use: ___/___/___ to ___/___/___ Days of the week: M Tu W Th F Sa Su

Begin use: _____ am pm End use: _____ am pm Total number of hours: _____

Equipment or services needed: _____

3. Event Information (to be added to the district website calendar)

Name of Event: _____ Date of Event: _____

Place of Event: _____ Time of Event: (beginning to end) _____

Admission Prices: _____

Signature of Staff Member in Charge

Date

**You will receive email or phone confirmation upon approval of your request. Please DO NOT advertise your event until approval is granted.
You will be responsible for coordinating with the custodian on duty for securing the premises and/or setting any alarms.**

District Office Approval:

District Office

Date

District Office to provide copies to Facilities and Nutrition Supervisors as needed.

07.28.2016