

Facility Use Request/Approval Form (For Community Personnel Only)

The following information has to be completely filled out before approval will be given. Please fill out the following information as accurately as possible. Turn it in to the office for administrative approval **at least 30 days before** the requested date of the event. Upon approval, a signed copy will be returned to the person listed as the contact person on this form.

Today's date: _____

WHO:

Name of Group/Organization requesting the facility: _____

The individual from the group to be directly responsible to the building Administrator:
_____ Phone # _____

***There must be a supervisor in the facility at all times. This supervisor must meet the following criteria:

- At least 25 years of age
- Hold a valid Driver's License
- Sign the agreement below, provide copies of Dr. License and insurance and return to the office

Name of person(s) in charge of event (if different) – please include each person in charge of individual duty(s) (i.e. Jane Smith, clean-up):

Name	phone number	duty(s)
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Name	phone number	duty(s)
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(use back if needed)

Person(s) needed to help prepare for event:

____ Custodial staff (please list needs – i.e. 6 tables set up on left side of gym, etc.)

____ Administrative/Office Staff (please list needs – i.e. announcements, send home flyers, set up sound system, etc.)

____ Teaching Staff (please list needs)

WHAT:

Activity: _____ Grade level(s) _____

Are you charging admission? Yes ___ (amount _____) No ___

**Who is in charge of counting and depositing the funds raised?:

Name: _____ Phone Number: _____

What is the goal of this activity?

WHERE:

Facilities Required: ___Gym ___Cafeteria ___Kitchen
 ___Classrooms ___Other: _____

If Gym: Tables needed? ___Yes (# ___ and where) ___No
Supplies from stage: ___Yes (what _____) ___No
Other: (please list specific needs)

If cafeteria: Tables down? ___Yes (# ___ and where) ___No
Other: _____

If Kitchen: Will concessions be sold? ___Yes ___No
Are appliances needed to be turned on ahead of time? ___Yes: ___No
If yes, please state specific needs:

Will Taher supplies be used? ___Yes (What: _____) ___No

If classroom: Who's: _____ Key needed? ___Yes ___No
Specific needs: _____

Teardown/cleanup time: Beginning at _____ and ending at _____

WHEN:

Date requested for Activity: _____ Time: From _____ to _____

Preparation time: Beginning at _____ and ending at _____

Is a preparation day required for this activity? ___Yes ___No

If yes, please state date and time: _____

HOW:

Please summarize how this activity will benefit the Drought School students/community:

Agreement:

I hereby state that the information provided above is true and accurate and that, if approved, I will abide by the rules and regulations for the use of the public school building as set down by the Drought School Board of Education. I accept responsibility for the security of the building and any damages incurred by use of above group activity. I also understand that I or my organization am/is responsible for any liability associated with this activity:

Signature

Date

Signature of Approval

Comments: