

SCHOOL DISTRICT OF FALL CREEK  
REQUEST FORM FOR COMMUNITY OR GROUP USE OF  
SCHOOL FACILITIES

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Responsible Person in charge (must be 18 yrs): \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

Type of Activity (please describe fully): \_\_\_\_\_

\_\_\_\_\_

Date(s) of activity: \_\_\_\_\_

\_\_\_\_\_

Time(s) of activity: \_\_\_\_\_

Anticipated number of people: \_\_\_\_\_

Areas Requested:

\_\_\_\_\_ High School gym & showers

\_\_\_\_\_ High School Commons

\_\_\_\_\_ Mid School gym & kitchen

\_\_\_\_\_ Mid School gym & showers

\_\_\_\_\_ Elementary gym

\_\_\_\_\_ High School Auditorium

\_\_\_\_\_ Classroom (specify which one)

\_\_\_\_\_ Choir Room

\_\_\_\_\_ Art Room (specify which one)

\_\_\_\_\_ Other (please specify)

Additional Requests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby agree to abide by all federal, state laws and district policies in the utilization of these areas. Further, I understand the absolute and strict prohibition of all tobacco or alcohol products on any school properties at anytime. I have read and understand board policy 830 and 830 - rules.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* This portion to be completed by Administrator

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

\_\_\_\_\_

Signature of Administrator

\_\_\_\_\_

Date

Notifications:

\_\_\_\_\_ Group

\_\_\_\_\_ Bookkeeper

\_\_\_\_\_ Administration

\_\_\_\_\_ Athletic Director

\_\_\_\_\_ Food Service Director

\_\_\_\_\_ Classroom Teacher

\_\_\_\_\_ Maintenance Director

\_\_\_\_\_ Other