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