

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: _____

Type of Activity (please describe fully): _____

Date(s) of activity: _____

Time(s) of activity: _____

Anticipated number of people: _____

Areas Requested:

- | | |
|---------------------------------|----------------------|
| _____ High School gym & showers | _____ Elementary gym |
| _____ Mid School gym & kitchen | _____ Classroom |
| _____ Mid School gym & showers | _____ Auditorium |
| _____ Other (please specify) | _____ Media Room |

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 Principal

Rental Fee	_____	\$
Custodial Needs	_____	\$
Cook Needs	_____	\$
Supervisor	_____	\$
Other	_____	\$
	Total Use Charges	\$

Approved _____ Not Approved _____

Signature of Principal

Date

Notifications:

_____ Group	_____ Bookkeeper
_____ Administration	_____ Athletic Director
_____ Food Service Director	_____ Other
_____ Maintenance Director	