

Permit for use of School Facilities

School/Department To Be Used _____ Date ____/____/____

PLEASE NOTE THERE WILL BE NO 3RD PARTY RENTALS. IF YOU RENT A FACILITY, YOU MUST BE THE ONE TO USE IT

FACILITIES REQUESTED: (Please be Specific)

- | | |
|---|--|
| <input type="checkbox"/> 1. Classroom(s) No.(s) _____ | <input type="checkbox"/> 7. MPR MS or HS |
| <input type="checkbox"/> 2. Elementary Field or Playground Area | <input type="checkbox"/> 8. MPR MS or HS (with kitchen – (cafeteria worker required) |
| <input type="checkbox"/> 3. JV Field | <input type="checkbox"/> 9. Gymnasium MS _____ HS _____ |
| <input type="checkbox"/> 4. Varsity Field | <input type="checkbox"/> 10. Parking Lot Lights are automatic on/off |
| <input type="checkbox"/> 5. Elementary MPR | <input type="checkbox"/> 11. Library Center |
| <input type="checkbox"/> 6. Elementary MPR (with kitchen – Cafeteria worker required) | <input type="checkbox"/> 12. Stage |
- Place Check Mark next to area or items needed

Performing Arts Center

Auditorium

- | | |
|---|---|
| <input type="checkbox"/> 1. Speakers/Sound/Light Boards | <input type="checkbox"/> Classroom |
| <input type="checkbox"/> 2. Projectors | <input type="checkbox"/> Make-up Room |
| | <input type="checkbox"/> Stage Craft Area |
| | <input type="checkbox"/> Tickets / Concession |

DATE(S) NEEDED: (Please Specify) List exact hours requested on each date

Day: _____ Date: ____/____/____ Hours: From _____ AM/PM To _____ AM/PM
 Day: _____ Date: ____/____/____ Hours: From _____ AM/PM To _____ AM/PM

DESCRIPTION OF ACTIVITY: _____

Name of Organization: _____ License No: _____

Address: Street _____ City: _____ Zip Code _____ Telephone _____

Person(s) in Charge: _____ Email address: _____

SPECIAL EQUIPMENT OR PERSONNEL REQUESTED:

Signed: _____
 Title: _____
 Date: ____/____/____

OFFICE USE ONLY

Checklist of Information

	NO	YES	Number Of People
Stage Manager	_____	_____	_____
Custodial Worker	_____	_____	_____
Security	_____	_____	_____
Cafeteria Worker	_____	_____	_____
Technician	_____	_____	_____

Yes NO
 _____ Facility Package & Request Complete
 _____ Certificate of Insurance

FINANCIAL SERVICES APPROVAL _____ **DATE:** ____/____/____

Facilities Rental Agent

Facilities Manager _____ Principal _____ Accounting _____

Total Charges (3/1/16)