

APPLICATION FOR USE OF FACILITIES (EXHIBIT A)

Name of Person Making Request (please print) _____
 Email address (print clearly) _____
 Name of Organization Making Request _____
 Non-Profit Tax ID Number _____
 Address of Organization Making Request _____
 Phone Contact Number _____

FACILITY REQUESTED:

Name of Facility _____
 Date(s) of Use _____ Time of Use: _____ From-To _____

SPACE BEING RENTED

_____ Ballfield/Playground	_____ Performing Arts Room/Dance Room
_____ Gymnasium	_____ Classroom
_____ Kitchen/Serving Room	_____ Parking Lot
_____ Library	_____ Turf and Courts
_____ Multipurpose Room	_____ Bathrooms
Other (Please specify) _____	

PURPOSE (To be useded for)

Is attendance restricted? _____ If yes, explain _____

Admission Charge? _____ If yes, how much \$ _____ Number of attendees _____

Special Arrangements/setup request:

Furniture/Equipment requested (**needs to be approved**):

All set-up and break-down is the sole responsibility of the Applicant

District Office Use Only

Rental/Deposit Received Amt \$ _____ Date: _____ Certificate of Insurance on File _____
 AIE on file _____ Agreement signed _____

Usage approved subject to the following conditions:

_____ Approved (*includes special equipment requests*) _____ Denied

Notes if denied: _____

Principal Signature: _____
