

Form

See Also: 1330

PERSONAL USE OF EQUIPMENT FORM

DATE: _____ DATE APPROVED BY THE BOARD: _____

NAME OF ORGANIZATION: _____

ADDRESS: _____

DATE(S) REQUESTED: _____

TIMES: FROM: _____ AM/PM TO: _____ AM/PM

SPECIFIC PURPOSE OF USE: _____

NAME OF PERSON RESPONSIBLE: _____

ADDRESS: _____

TELEPHONE; _____ CELL PHONE: _____ EMAIL: _____

ADMISSION CHARGE OR DONATION: _____

I have read the rules and regulations pertaining to the use of school facilities and agree to be responsible that said rules and regulations are observed.

Applicant's Signature

Date

Place a check mark by each facility or item you are applying for.

FACILITIES REQUESTED

_____ Auditorium
_____ Band Room
_____ Classroom(s)
_____ # of Rooms
_____ Faculty Dining Room
_____ Weight Training Room

_____ Gymnasium

_____ Kitchen
_____ Library
_____ Lobby
_____ Vocal Music Room

EQUIPMENT REQUESTED

_____ Amplifier
_____ Chairs _____ Table(s)
_____ Clothes Rack(s)
_____ Extension Cords
_____ Projector _____ Screen
_____ Microphone
_____ Lectern(s)

_____ Auxiliary:
_____ New (open floor space)
_____ Old (Bleachers on both sides)

List additional instructions/equipment required: _____

Recommended: _____ Not Recommended: _____ Unavailable: _____ Reserved: _____

Principal's Signature _____ Date

Approved: _____ Not Approved: _____

Superintendent's Signature _____ Date

CC: Principal: _____ Auditorium Supervisor: _____ Athletic Director: _____ Chief Custodian: _____
Food Service Director: _____