

Building Use Request

Name of Sponsoring Organization _____

Representative's Name _____ **Telephone** _____

Billing Address _____

The above organization/individual requests the use of:

gymnasium kitchen classroom(s) _____

other, specify _____

Building/school/facility _____

Date(s) requested _____ Time(s) Requested _____

Activity: _____

Is the organization planning to conduct sales on school premises? YES NO

Will public be admitted? YES NO

Will admission be charged? YES NO

Will sales be conducted? YES NO

If yes, what will be sold and how will the proceeds be used? _____

Copy of the organization's insurance certificate has been filed with the Board (See #3 below) YES NO

Fee Schedule	Employees Required	# of Hours	Hourly Rate (Overtime 1.5 x rate)	Estimated Costs	Actual Bill (C.O. Use)
Building Use				\$50	
Custodians					
Food Service					
Other					
			Total		

