



USD #410

School Personnel Request for Use of Facilities

Organization or Department making the request:

Name/Title of Event:

Building and Room(s) needed:

Date(s) facility to be used:

Time(s) facility to be used:

Custodial help will be needed to set up facility:

Yes No

If yes, facility needs to be set up by:

Custodial help will be needed during usage:

Yes No

List below all furniture, equipment or other things needed:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Please draw a diagram and/or give instructions below how the facility is to be set up:

Approved

Disapproved

Requester's Signature

Date

Activity Director's Signature

Date

Maintenance Supervisor's Signature

Date

If you are printing this off, use the "Print Form" button at the top of the page and sign and date this form.