



# 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.*