

Facilities Use Request Form (11/15)Building Administrator

"All groups shall have a custodian on site or other school employee as approved by the Superintendent when the facility is in use."

Who will be on site?

/ / Recommend / / Do Not Recommend

Building Administrator

Date

Food Service Director

"If kitchen facilities are used, a member of the food service staff or other school employee as approved by the Superintendent shall be on site when the kitchen is in use."

Who will be on site?

/ / Recommend / / Do Not Recommend

Food Service Director

Date

Facilities Director

/ / Approved / / Not Approved

Facilities Director

Date

Superintendent of Schools

/ / Approved / / Not Approved

Superintendent of Schools

Date

SUMMARY OF ESTIMATED FEES/CHARGES:

Rental Fee \$100.00 / / Waived =

Incidental Cost \$10.00 X _____ =

\$25.00 X _____ =

Estimated Custodial Costs (@ \$35/hr)

Estimated Kitchen Costs (@20.00/hr)

Estimated Equipment Rental Costs:

TOTAL ESTIMATED COSTS:

Deposit Amount Required _____ Deposit Amount Rec'd _____

Rec'd by: _____

Date: _____

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*For Office Use Only*

Amount Billed: \_\_\_\_\_

Date Billed: \_\_\_\_\_ Date Payment Received: \_\_\_\_\_

**Facilities Use Request Form** (11/15)

Name of Group Making Request: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date(s)/Time(s) of Requested Use: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Building / Facility/ Space Requested: \_\_\_\_\_

Required Set Up: \_\_\_\_\_

Required Equipment: \_\_\_\_\_

Kitchen Used? ☐ YES ☐ NO

(If yes, request must also go to the Food Service Director prior to submission to the Superintendent.)

I \_\_\_\_\_ representing \_\_\_\_\_

have received, read and understand Regional School Unit #34 Policy KF Community

Use of Schools, and I agree to all regulations, fees and charges as outlined in the policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date