

Facility Use Application

Name of Organization _____

Address _____

Date(s) of function _____

Hours of function (including setup and cleanup) From _____ To _____

Event start time _____

Expected attendance _____ Which room would you prefer?

1st choice _____

2nd choice _____

Purpose of meeting (be specific)

Any special requirements such as number of tables, chairs or physical setup? _____

Will kitchen be used? _____

Contact person:

Alternate Contact Person _____

Name _____

Position in group _____

Address _____

Business telephone _____ Home Telephone _____

E-Mail _____ Cell Phone _____

Alternate Contact:

Name _____ Position in group _____

Address _____

Business telephone _____ Home Telephone _____

E-Mail _____ Cell Phone _____

In order to avoid confusion by the public regarding program sponsorship, any individual or group using the rooms and/or auditorium in the Barrington High School for a non-school event, shall be required to provide the name(s) of a contact person(s) and telephone number(s) in all advertising, press releases and media announces.

I have read the Rules and Regulations for Use of School Facilities Policy, and fee schedule, and agree to comply with all.

Signed _____ Date _____

FOR SCHOOL USE ONLY

Room

Approved _____

Not Approved _____

Scheduled? _____

Fees _____

Date Collected _____

Certificate of insurance/Lessee's agreement received

cc: Building Principal Main Office Custodial Staff