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

Food Service Director

Building Administrator Date

*“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

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:

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

*For Office Use Only*

Amount Billed:

Date Billed: Date Payment Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PAGE 2 of 2**

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

  **PAGE 1 of 2**