

**Lead-Deadwood School District Building Use Request Form**

Location/Building/Room(s): \_\_\_\_\_ Event: \_\_\_\_\_

Date(s) of Use: \_\_\_\_\_

Time From: \_\_\_\_\_ a.m. p.m. To: \_\_\_\_\_ a.m. p.m.

Requester/Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Services/Supplies Needed:

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Do you need handicapped accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what kind of accommodations do you need?

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*Please return the completed form to the bulding administrator or office*

**For Office Use Only:**

Date Recieved: \_\_\_\_\_

Approved? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature: Principal / Administrator / Activities Director

\_\_\_\_\_  
Signature: Grounds / Maintenance Supervisor

\_\_\_\_\_  
Signature: Head Building Custodian

Reason not approved:

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