

MSAD #58
APPLICATION FOR USE OF SCHOOL FACILITIES

Name of Organization: _____

Dates(s) Requested: _____

Building Requested: _____

Time(s) From: _____ To: _____

Event Description: _____

*Please attach any flyers/descriptive material

Individual personally responsible for payment of bills and the observance of all regulations appearing in Policy KF – Community Use of District Facilities:

Name: _____ Telephone: _____

Address: _____

Admission Fee will will not be charged (please check)

Facility desired:	Number of Days	Fee
Gym	_____	_____
Cafeteria	_____	_____
Kitchen	_____	_____
Class Room(s)	_____	_____
Athletic Field	_____	_____
Other _____	_____	_____

The above reservation does not include any use of the facilities other than the time specified above. If needed for rehearsal, other preparation, or for cleaning up, please specify and fill out the following:

Date(s) of rehearsal(s): _____

Time(s) From: _____ To: _____

Date(s) of other preparation(s): _____

Time(s) From: _____ To: _____

Signature of individual making request: _____

The above signature indicates that the individual has read and understands the Community Use of District Facilities policy.

To be filled out by building principal

Time requested is available is not available

Signature of Principal: _____ Date: _____

Signature of Superintendent: _____ Date: _____

Name of custodian/staff member who will be at event: _____

Contact number of custodian/staff member who will be at event: _____

Forward all applications to the Office of the Superintendent at least 30 days before the date requested for use.