

**SAYDEL COMMUNITY SCHOOL DISTRICT
FACILITIES REQUEST FORM**

Name of Group/Organization: _____ Date: _____

Address of Group: _____ Phone: _____

Please Check One: Non-Profit _____ 501C3# _____ For-Profit _____

Authorized Representative: _____ Phone: _____

Address: _____

E-mail: _____ Alt. Phone: _____

Facilities Requested (Please indicate school and room): _____

Date(s) desired: _____

Start Time: _____ End Time: _____ Number in group: _____ Youth / Adults

Purpose of use: _____

Are a majority of your participants Saydel District residents? Yes No % _____
Can your organization provide an Insurance Certificate? Yes No
Will there be a charge for spectators or participants at your event? Yes No Amount: \$ _____

Equipment Needs: Chairs: _____ Tables: _____ Other: _____
Bleachers: _____ Auditorium A/V: _____ Scoreboard: _____

Auditorium A/V must have district technician operate equipment. Organization will provide own sports equipment.)

Signature of Group Representative: _____ Date: _____

(Signature indicates agreement of all guidelines)

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Approval of Director of Activities & Community Education: _____ Date: _____

Approval of Building Principal: _____ Date: _____

PLEASE SEND TO DIRECTOR OF ACTIVITIES & COMMUNITY EDUCATION

Date Received in AD's office: _____

Class: 1 2 3 4 Fee/hour: _____ # of hours: _____

Staffing Fees: Custodial _____ A/V _____ Supervisor _____ Employee _____

Approved: _____ Disapproved: _____ More information needed: _____

Special Arrangements: _____

Signature of District Designee/Director of Activities & Community Education

_____ Date: _____

Approved:

Reviewed: June 2017

Revised: June 2017