Print Form

Creswell School District assumes no liability for injuries to renters or their guests while using District facilities.

FACILITY USE REQUEST

APPLICANT: PLEASE PROVIDE COMPLETE INFORMATION AS REQUESTED

FULL NAME_____ PHONE (WORK)_____
LAST FIRST

PHONE (HOME)_____

ADDRESS _____
NUMBER STREET CITY ZIP

EMAIL ADDRESS _____

NAME OF GROUP/ORGANIZATION REQUESTING SCHOOL FACITILITY_____

RESPONSIBLE PARTY NAME AND RELATION TO REQUESTING GROUP_____

SCHOOL REQUESTED_____ ROOM/AREA REQUESTED_____

DESCRIPTION/PURPOSE OF EVENT/ACTIVITY_____

IS THIS A FUNDRAISING EVENT? _____ _____ WILL ADMISSION BE CHARGED? _____ _____
YES NO YES NO

WILL PARTICIPANTS BE PAYING ENTRANT FEES TO PARTICIPATE? _____ _____
YES NO

SPECIFY DATES(S) AND TIME OF USE_____
Date Time

APPROXIMATE NUMBER EXPECTED TO ATTEND_____

ROOM ARRANGEMENT OR EQUIPMENT NEEDS_____

LIABILITY INSURANCE IS REQUIRED—A Certificate of Liability Insurance must be provided prior to use

APPLICANT SIGNATURE_____ **DATE**_____

Date is available	yes/no	Room arrangement discussed	yes/no
Building staff assigned	yes/no	Equipment requested	yes/no

Lead Custodian Approval _____ **Athletic Director Approval**_____

BUILDING APPROVAL_____ **DATE**_____

Building Use Priority
Class I—School District Activity
Class II—Youth Recreation and Education Program
Class III—Civic Clubs, Churches and Other Organizations

Fee:_____ insurance required yes/no Insurance attached yes/no

DISTRICT OFFICE APPROVAL_____ **DATE**_____

9/22/2009