

Farwell Area Schools Facility Use Request

Name of Organization or Individual _____
 Purpose of Request (type of activity) _____

Name of person making request _____
 Address: _____
 Home Phone: _____ Office Phone: _____

Facility being requested for use: _____

Is Admission Being Charged? Yes _____ No _____
 Requested Dates of Use: _____
 Requested Time of Use: From: _____ To: _____
 Official Start Time of Event: _____

Charges (if applicable) To be assessed by building administrator or business office

1. Rental of facility	_____	Day(s) @ _____	Per Day =Rental	\$ _____
2. Custodial Charges	_____	Hours @ _____	Per Hour =Custodial	\$ _____
Total				\$ _____

Facility request will require the following:

_____ Sound System	_____ Tables	_____ Athletic Equip. -
_____ Special Lighting	_____ Chairs	(balls, nets, etc)
_____ Kitchen	_____ Gym Locker Rooms	_____ Setup Needed
_____ Projector	_____ Classrooms	_____ Tear-down Needed
Other: _____		

It is understood that school related activities have preference over outside activities in using school facilities. This request is subject to cancellation if needed for a school related function.

If this permission is granted, the person or group renting the facility agrees to be responsible for any accidents or injuries sustained by any person or participating in the program or activity. The renter of the facility is responsible for any damage done or loss incurred. The renter agrees that there should be no use of tobacco, alcohol, or any other controlled substances in the building.

For Office Use Only

Request approved by Building Administrator: _____ Date approved: _____
 Request denied by Building Administrator: _____ Date denied: _____
 Signature of Building Administrator: _____

Signature of Facility Director: _____ Date: _____

Copies to be distributed to:
 _____ **Requestor** _____ **Director of maintenance**
 _____ **Building Administrator** _____ **Kitchen Coordinator (If Necessary)**
 _____ **Director of facilities**