

**INTERNAL STAFF FACILITIES  
USE REQUEST OF SCHOOL BUILDINGS AND GROUNDS FORM**

***(Submit at least two weeks in advance to your building principal for approval/distribution)***

Use this form to notify the appropriate departments that you are planning on using a room or grounds for school sponsored activities (before, during, or after school) that are not normally assigned to your program. This includes regular instruction, extracurricular activities, and all other activities where the district does not charge back for services.

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EVENT: \_\_\_\_\_

DAY OF THE WEEK: \_\_\_\_\_

DATE OF SCHOOL A \_\_\_\_\_

Month/Day/Year

TIME OF SCHOOL ACTIVITY: \_\_\_\_\_

NUMBER OF PARTICIPANTS: \_\_\_\_\_

CUSTODIAL SERVICE NEEDED: \_\_\_\_\_

*(include # of chairs, tables, cords, etc. - include set up sketch)*

STAFF COORDINATOR: \_\_\_\_\_

*(name)*

*(ext.)*

SIGNATURE OF STAFF COORDINATOR: \_\_\_\_\_

SIGNATURE OF PRINCIPAL: \_\_\_\_\_

*Confirm set up with custodians at least 2 days in advance of event.*

*If technology is required - confirm with Craig Freitag 2 days in advance of event.*

**PLEASE CHECK ALL REQUESTED FACILITIES:**

GYMNASIUM (specify location): \_\_\_\_\_

POOL (up to 50 swimmers): \_\_\_\_\_

AUDITORIUM: \_\_\_\_\_

POOL (over 50 swimmers): \_\_\_\_\_

ATHLETIC FIELD (specify): \_\_\_\_\_

Distance Learning Room: \_\_\_\_\_

LIBRARY: \_\_\_\_\_

CLASSROOM(S) \_\_\_\_\_

*(specify room number(s))* \_\_\_\_\_

CLINIC: \_\_\_\_\_

VIDEO/ TECHNICAL SUPPORT REQUIRED: \_\_\_\_\_

*(specify)* \_\_\_\_\_

CAFETERIA (with Kitchen): \_\_\_\_\_

CAFETERIA (without Kitchen): \_\_\_\_\_

OTHER: \_\_\_\_\_

*(specify)* \_\_\_\_\_

District Office Conference Room: \_\_\_\_\_

**OFFICE USE ONLY**

Copies of this approved facilities request will be sent to the appropriate departments checked below: ***(Return copy of request to staff coordinator)***

Senior Custodian	_____
Food Service Director	_____
Librarian	_____
Music Director	_____
HS Principal	_____
MS Principal	_____

Pool Supervisor	_____
Superintendent of Buildings & Grounds	_____
District Technology Coordinator	_____
AV Coordinator	_____
Superintendent Secretary	_____
Athletic Director	_____

B&G Approval (date) \_\_\_\_\_

*(Confirm set up with custodians at least 2 days in advance of event)*