FACILITY USE REQUEST FORM Lakewood Public Schools

Date of Activity:	

Application Must Be Submitted At Least 10 Days Prior To Date Of Event

Today's Date: Name of Organization:				
Person Responsible:		Non-profit No.:		
Return Address:(Street)	(City)	(Zip Code)		
E-mail Address:		(2.5 2000)		
BUILDING/AREA:				
☐ Clarksville ☐ Central Office ☐	_	Early Child		
☐ Sunfield ☐ Lakewood El. ☐	Middle School	Other		
Area(s) Requested:				
☐ Fine Arts Center ☐ ATHLETIC FIELD(S)/GROUNDS DESIRED:				
EVENT/ACTIVITIY: Activity & Description of Activity:				
# of Children # of Adults Total # of Occupants				
Specific Needs (list all equipment, chairs, tables, etc. and quantity of each needed, use reverse side if needed):				
Other Needs (All Audio-Visual Equipment requests may have an additional fee and are based on availability.):				
EVENT DATES: Date(s) of Event:				
Arrival Time: Event Start Time: Event End Time: Departure Time: Set-up Time: If set-up time, other than already listed above, is necessary, please indicate below. Additional fees may apply. Set-up Date: Departure Time after Set-up:				
By signing, I acknowledge I have read and agree to abide by the conditions governing the use of facilities as stated in the "Facility Procedure, Guidelines, and Rates Document". I am requesting use of LAKEWOOD PUBLIC SCHOOLS facilities as outlined above.				
Signature of Person Applying		Printed Name		
<u>FOR</u> : <u>CHARGES</u>	SCHOOL USE ONLY	<u>SIGNATURES</u>		
BUILDING FEE @ Pr/Hour: \$	E	Building Admin.:		
FIELDS / GROUNDS @ Pr/Hour: \$		thletic Director:		
CUSTODIAN Reg/Sat/Sun @ Pr/Hour: \$		FINAL BUSINESS OFFICE APPROVAL:		
SECURITY CHARGE @ Pr/Hour: \$		☐ Approved ☐ Denied		
OTHER @ Pr/Hour: \$		BY:		
DEPOSIT (if required): \$				
		☐ Proof of Insurance Required		