

**FACILITY USE REQUEST FORM**  
**Lakewood Public Schools**

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

**EVENT DATE(S):** \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Person Responsible: \_\_\_\_\_

Non-profit No.: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

**BUILDING/AREA:**

Clarksville     Central Office     High School     Early Childhood Center (LECC)     Sunfield

Lakewood Elementary (LES)     Middle School     Other: \_\_\_\_\_

Area(s) requested within above chosen facility: \_\_\_\_\_

Fine Arts Center (additional form required from high school)

Athletic Fields (specify facility and field): \_\_\_\_\_

**EVENT/ACTIVITY:**

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.

Arrival Time for Set-up: \_\_\_\_\_

Departure Time after Set-up: \_\_\_\_\_

Set-up Date: \_\_\_\_\_

*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

**FOR SCHOOL USE ONLY**

CHARGES

BUILDING FEE @ \_\_\_\_\_ Pr/Hour: \$ \_\_\_\_\_

FIELDS / GROUNDS @ \_\_\_\_\_ Pr/Hour: \$ \_\_\_\_\_

CUSTODIAN Reg/Sat/Sun @ \_\_\_\_\_ Pr/Hour: \$ \_\_\_\_\_

SECURITY CHARGE @ \_\_\_\_\_ Pr/Hour: \$ \_\_\_\_\_

OTHER @ \_\_\_\_\_ Pr/Hour: \$ \_\_\_\_\_

DEPOSIT (if required): \$ \_\_\_\_\_

ESTIMATED TOTAL COST: \$ \_\_\_\_\_

SIGNATURES

Building Admin.: \_\_\_\_\_

Athletic Director: \_\_\_\_\_

**FINAL BUSINESS OFFICE APPROVAL:**

**Approved**

**Denied**

**BY:** \_\_\_\_\_

Proof of Insurance Required

Please bring APPROVED form with you to your event\*\*\*\*