

# UNIFIED SCHOOL DISTRICT #329 REQUEST FOR USE OF SCHOOL FACILITY

BUILDING and/or AREAS REQUESTED \_\_\_\_\_

ORGANIZATION MAKING REQUEST \_\_\_\_\_

PERSON IN CHARGE OF ACTIVITY \_\_\_\_\_

(Must be a resident of USD 329 or be approved by the district office)

DESCRIPTION OF ACTIVITY \_\_\_\_\_

DATE(s) REQUESTED FOR USE \_\_\_\_\_ HOURS OF USE \_\_\_\_\_

The person in charge of organization requesting use of school facilities as stated above agrees to be responsible for:

1. Crowd control and security of school building (area).
2. Paying for damage to any school property, facilities, or equipment.
3. Accidents or personal injury occurring as a result of this activity.
4. Returning all areas used to the same condition upon arrival. If areas were not in good condition upon arrival, please document this to the proper school personnel.
5. Removing props or other materials immediately after use.
6. Complying with local and state fire regulations/food safety codes and obtaining permission of the building principal before using any decorations or special equipment of any kind.
7. Preventing possession or use of alcohol or other drugs on school property; preventing smoking or chewing tobacco.
8. If person in charge is not a school district employee, a school custodian must be on duty.
9. Paying a district custodian for time on duty.
10. Other \_\_\_\_\_

\_\_\_\_\_  
*Signature of person making request*

\_\_\_\_\_  
DATE OF REQUEST

\_\_\_\_\_  
ADDRESS OF PERSON MAKING REQUEST

\_\_\_\_\_  
PHONE NUMBER

\*\*\*\* PLEASE BRING TO OFFICE OF BUILDING/AREA BEING CONSIDERED. \*\*\*\*  
\*\*\*\* ALLOW AT LEAST 1 WEEK FOR PROCESSING APPLICATION. \*\*\*\*

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TO BE COMPLETED BY APPROPRIATE ADMINISTRATOR

THE ABOVE REQUEST IS: \_\_\_\_\_ APPROVED

\_\_\_\_\_ DISAPPROVED FOR THE

FOLLOWING

REASON(S): \_\_\_\_\_

\_\_\_\_\_

COST OF ACTIVITY WILL BE:

NO CHARGES INVOLVED \_\_\_\_\_ \$40 DEPOSIT FEE \_\_\_\_\_

MAKE CHECKS PAYABLE TO: USD #329, P.O. BOX 157, ALMA, KS 66401

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*Signature of Building Administrator*