

SHEFFIELD-SHEFFIELD LAKE CITY SCHOOLS

BUILDING USE REQUEST FORM

To be completed by organization: Name _____

Building _____ Date of Event _____

Room _____ Time of Event _____

Description of Activity _____

Equipment Requested: _____

We hereby state that our organization is familiar with Rules and Regulations relating to building use and agree to comply with the same.

Signed: _____ Date: _____

Address: _____ Phone: _____

To be completed by building Principal before use. Call District Office for calendar clearance.

Building available: Yes _____ No _____ Custodian Assigned _____

Remarks: _____

Signed: _____ Date: _____

To be completed by District Office for policy sections II and IV only.

Approved: Yes _____ No _____ Building Fee: Yes _____ No _____ Service Charge: Yes _____ No _____

Remarks: _____

Signed: _____ Date _____

To be completed by building personnel after use.

Custodial Hours _____ Signed _____

Kit. Supervisor Hours _____ Signed _____

Any damage: Yes _____ No _____ Principal's Signature _____

For District Use Only.

Building Fee _____ Invoiced _____

Service Charge _____ Paid _____

Damage Charge _____ S.C. Paid _____

Total Charge _____ Signature _____