

EXHIBIT

Descriptor Code: KG-E

USE OF SCHOOL FACILITIES

Adopted Date: 9/14/93

Revised Date: 1/12/2010

REQUEST USE OF FACILITIES

1. \_\_\_\_\_  
Organization Address Telephone #

2. Nature of Request (describe in detail; use back of form if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
Name of Facility Requested

4. \_\_\_\_\_  
Date Facility Requested

5. \_\_\_\_\_  
\* Hours Facility Requested

6. \_\_\_\_\_  
Number of People Expected  
to Attend Function

7. Will you charge admission? (Circle One)

Yes No

8. If you answered yes to question # 7, what will the proceeds be used for?

\_\_\_\_\_  
\_\_\_\_\_

9. \_\_\_\_\_  
Signature of person making request

\_\_\_\_\_  
Date

\* Number of hours may be needed to determine payment to school employee

For Principal's Use Only:

1. \_\_\_\_\_ The facility requested on this application is not being used by the school on this date(s) and will not interfere with the operation of our school program.
2. \_\_\_\_\_ The facility requested on this application is not available for use on this date(s).

Signature of Principal

Date \_\_\_\_\_

For Superintendent's Use Only:

- |                                 |     |       |    |       |        |       |
|---------------------------------|-----|-------|----|-------|--------|-------|
| 1. Assessment of Use Fee        | Yes | _____ | No | _____ | Amount | _____ |
| 2. School Employees Present     | Yes | _____ | No | _____ | Amount | _____ |
| 3. Liability Insurance Required | Yes | _____ | No | _____ |        |       |
| Total                           |     |       |    |       |        |       |

Director of Operations Approval

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature

Superintendent Approval

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature