



SCHOOL FACILITY USE FORM PLEASE PRINT

TODAY'S DATE SCHOOL BUILDING FOR EVENT

EVENT/GROUP

EVENT START TIME EVENT FINISH TIME

ATTENDANCE EXPECTED:

LIST BELOW THE INDIVIDUAL DATES & TIMES THE GROUP WILL ARRIVE AND DEPART.

Table with 4 columns: DATE, DAY, ARRIVAL TIME, DEPARTURE TIME

NAME OF ORGANIZATION

PERSON COMPLETING APPLICATION

PHONE NUMBER E-MAIL ADDRESS

STREET ADDRESS CITY ZIP

APPLICANT SIGNATURE

The Facilities Use Staff will send a cost estimate. Final Invoices will reflect charges according to actual usage.

ASN # TO BE CHARGED

PLEASE EMAIL TO: celena.driscoll@uticak12.org

FACILITIES REQUESTED:

- Classroom(s) #'s, Band Rm, Choir Rm, Art Rm, ISM Rm, Stage, Main Gym, Aux Gym - New, Old, Cafeteria, Media Center, Perf. Arts Center, ECC Room, Commons, Pool, Other

Other fill in:

PLEASE LIST ALL SPECIAL SET UP AND/OR VENDORS EQUIPMENT NEEDS:

Blank lines for listing special set up and vendor equipment needs.

PERSONNEL NEEDED*:

*May be changed at the discretion of the Facility Use Manager

Custodian Grounds

Technician Lifeguard

Kitchen

SCHOOL GROUP/TEAM YES NO

FUNDRAISER EVENT YES NO

LIABILITY INSURANCE YES NO

NON PROFIT GROUP YES NO

(must provide a copy of the 501)

Building Administrator Signature