

Salt River High School
REQUEST FOR USE OF SCHOOL FACILITIES

FACILITIES REQUESTED: (Please be specific)

- | | |
|---|--|
| <input type="checkbox"/> 1. Classroom(s) No.(s) _____
<input type="checkbox"/> 2. Cafeteria (without kitchen)
<input type="checkbox"/> 3. Cafeteria (with kitchen – cafeteria worker required)
<input type="checkbox"/> 4. Lecture Hall*
<input type="checkbox"/> 5. Media Center | <input type="checkbox"/> 6. Gymnasium
<input type="checkbox"/> 7. Football Field
<input type="checkbox"/> 8. Baseball/Softball Field
<input type="checkbox"/> 9. Track Field
<input type="checkbox"/> 10. Other rooms/facilities |
|---|--|

DATE(S) NEEDED: (Please specify) List exact hours requested on each date.

Day: _____ Date: _____ Hours: From _____ AM PM To _____ AM PM
 Day: _____ Date: _____ Hours: From _____ AM PM To _____ AM PM
 Day: _____ Date: _____ Hours: From _____ AM PM To _____ AM PM

DESCRIPTION OF ACTIVITY: _____

CONTACT INFORMATION

Name of Organization: _____

Address _____ Telephone: _____
STREET CITY ZIP

Person(s) in charge: _____

SPECIAL EQUIPMENT REQUESTED

IMPORTANT

Organizations not affiliated with SRPMIC must provide a Certificate or insurance signed by an insurance representative and must accompany this form.

SCHOOL USE ONLY				
Estimated labor (circle Yes or No) BEFORE APPROVING				
	Yes	No	Number of People	Estimated Hours
AV Technician	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Custodial Worker	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Security	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Cafeteria Worker	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
APPROVED				
			_____ SCHOOL PRINCIPAL	_____ DATE
Please have the custodian or AV Technician submit an <i>After Use of School Facilities Report</i> to the Executive Secretary upon completion of event.				

I have read the Guidelines (attached) pertaining to the use of SRHS facilities and agree to abide by them.

Signed: _____

Title: _____

Address: _____
STREET CITY ZIP

Date: _____

This request must be signed and returned to the school Principal. This application is **not** approved until signed by the Principal and Superintendent. As stated in the Guidelines, this request is revocable at any time (without stated reason) by the Principal or Superintendent. A copy will be returned to the requestor after approval has been granted.

APPROVED: _____ **DATE:** _____
 SUPERINTENDENT SIGNATURE

FOR OFFICE USE ONLY

Fees: _____ Approved _____

Category I Category II Category III Denied _____