



**Organization Information**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No.: \_\_\_\_\_

President's Name: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

Is Organization a For Profit Organization? Yes/No

If yes, Federal I.D. No. \_\_\_\_\_

Name/Telephone No. of On-Site Supervisor for Activity: \_\_\_\_\_

Purpose of Facility Use: \_\_\_\_\_

Will admission fee be charged for event? Yes/No

What is the estimate of the number of participants and visitors? \_\_\_\_\_ (If the actual number exceeds this estimate by more than 10%, your request for future use may be jeopardized.)

**District Use Only**

Notes: \_\_\_\_\_

Will organization be charged fee? Yes/No \_\_\_\_\_

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

**Event Information**

Date: \_\_\_\_\_ Day: \_\_\_\_\_

(If more than one date is needed, applicant should list each specific day, date, start and finish time on a separate sheet.)

Start Time: \_\_\_\_\_ AM/PM      Finish Time: \_\_\_\_\_ AM/PM (Finish time no later than 10:00 PM )

**Building**

Please specify

\_\_\_\_\_ Blackheath

\_\_\_\_\_ East

\_\_\_\_\_ High

\_\_\_\_\_ Lido

\_\_\_\_\_ Lindell

\_\_\_\_\_ Middle

\_\_\_\_\_ West

\_\_\_\_\_ Other, Specify

\_\_\_\_\_

**Location**

\_\_\_\_\_ Auditorium      \_\_\_\_\_ Athl Fld 1/Lind BB

\_\_\_\_\_ Bathroom      \_\_\_\_\_ Athl Fld 2/Lind FB

\_\_\_\_\_ Cafeteria      \_\_\_\_\_ Athl Fld 3/High SB

\_\_\_\_\_ Common Area      \_\_\_\_\_ Athl Fld 4/High BB

\_\_\_\_\_ Conference Room      \_\_\_\_\_ Athl Fld 5/High FB

\_\_\_\_\_ Gymnasium      \_\_\_\_\_ Athl Fld 6/High

\_\_\_\_\_ Pool      \_\_\_\_\_ Athl Fld 8/MS NE BB

\_\_\_\_\_ Room Number      \_\_\_\_\_ Athl Fld 9/MS SE BB

\_\_\_\_\_ Teacher's Cafeteria      \_\_\_\_\_ Athl Fld 10/MS SW BB

\_\_\_\_\_ Tennis Courts      \_\_\_\_\_ Athl Fld 11/MS

\_\_\_\_\_ Wrestling Room      \_\_\_\_\_ Athl Fld 12/MS

\_\_\_\_\_ Other, specify      \_\_\_\_\_ Veteran's Fld/MS

\_\_\_\_\_

**District Use Only**

Completed application received: \_\_\_\_\_

Approved/Disapproved Building Principal : \_\_\_\_\_

Approved/Disapproved Athletic Director: \_\_\_\_\_

Approved/Disapproved Director of Facilities: \_\_\_\_\_

Approved/Disapproved Asst. Superintendent: \_\_\_\_\_

Denied Reason: \_\_\_\_\_

Board of Education Action: \_\_\_\_\_