

ONEKAMA CONSOLIDATED SCHOOLS Facility USE FORM

General Information

Name/Organization _____ Date _____

Facility Desired _____

Purpose _____

Special Equipment Needed _____

Date of Use _____ Time (from) _____ (to) _____

Custodial Services Need _____ Yes _____ No

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We hereby agree to assume the responsibility for supervising the above activity and to abide by the policies, rules, and regulations governing the use of the school facilities as per attached. We further agree to leave the school in good or better condition as when our organization began using same, such as cleaning, lights out, etc.

Signature

Date

Address

Phone

Approved by: _____

(Principal or Superintendent)

Posted _____ Copies to: _____

FOR OFFICE USE ONLY:

Priority Classification: _____ Approved: _____ Not Approved: _____

Reason for non-approval: _____

Fee Assessed:

Custodian	_____ hours @ _____	= Total Cost of \$ _____
Kitchen Staff	_____ hours @ _____	= Total Cost of \$ _____
Tech Staff	_____ hours @ _____	= Total Cost of \$ _____
Rental Fee	_____ hours @ _____	= Total Cost of \$ _____

Total Fees Assessed: \$ _____

CHECK LIST – FOR OFFICE USE ONLY

- ICHAT Approved
- Concussion Training Complete
- Varsity Coach/AD Reviewed/Community Rec.
- Calendar Slot Open
- Six Year Span between participants
- Waivers Completed