

SCHOOL FACILITY USE FORM PLEASE PRINT

UCS FACILITY USE

				ABM CCMS		
TODAY'S DATE SCHOOL BUILDING FOR EVENT				PAC COM I	ED	
				EST. SENT DEP. REC.		
	EVEI	NT/GROUP				
				TECH FEE WILL APPLY YES CUSTODIAL FEE WILL APPLY YES		
EVENT START TIME EVENT FINISH TIME				FACILITY USE FEE WILL APPLY YES		
ATTENDANCE EXP	PECTED:					_
		NDIVIDUAL DATES & L ARRIVE AND DEPA		FACILITIES REQUES	TED.	
DATE	DAY	ARRIVAL TIME	DEPARTURE TIME	Classroom(s) # Main Gym		
				Aux Gym		
				Cafeteria		
				Media Cente	r	
				Perf. Arts Ce	nter	
				ECC Room		
				Commons		
				Other		
				PLEASE LIST ALL S	PECIAL	
				SET UP AND EQUIPME	NT NEEDS	S:
				-		
		I	<u> </u>			
NAME OF ORGANIZATION						
PERSON COMPLETING APPLICATION				SCHOOL GROUP/TEAM	YES	МО
				FUNDRAISER EVENT	YES	NO
PHONE NUMBER				NON PROFIT GROUP	YES	NO
				(must provide a copy of the 501)	IES	NO
E-MAIL ADDRESS						
				PERSONNEL NEEDED:	NONE	
	STRFF	T ADDRESS		Custodian		
	OIKEL			Kitchen		
	CITY	ZIP		Technician		
C		LIF		Grounds		
	ADDITO	ATM 616314 MILES		Lifeguard		
The Facilities		NT SIGNATURE	Final Invoices will	Other reflect charges according to actu	ial iicano	
THE PACIFICES	Cae Glass Will St	<u> </u>	. I IIIat IIIvoices Witt	remedicinaryes according to actu	at usaye.	-

ASN # TO BE CHARGED BUILDING ADMINISTRATOR APPROVAL