

FACILITY USE REQUEST FORM

Lakewood Public Schools

Date of Activity:

Application Must Be Submitted At Least 10 Days Prior To Date Of Event

Today's Date: _____ Name of Organization: _____
 Person Responsible: _____ Non-profit No.: _____
 Return Address: _____
 (Street) (City) (Zip Code)
 E-mail Address: _____ Daytime Phone: _____

BUILDING/AREA:

- | | | |
|---|--|--|
| <input type="checkbox"/> Central Office | <input type="checkbox"/> High School | <input type="checkbox"/> Early Childhood |
| <input type="checkbox"/> Lakewood El. | <input type="checkbox"/> Middle School | <input type="checkbox"/> Other |

Area(s) Requested: _____

Fine Arts Center

ATHLETIC FIELD(S)/GROUNDS DESIRED: _____

EVENT/ACTIVITY:

Activity & Description of Activity: _____

_____ # of Children _____ # of Adults _____ Total # of Occupants _____

Specific Needs (list all equipment, chairs, tables, etc. and quantity of each needed, use reverse side if needed):

Other Needs (All Audio-Visual Equipment requests may have an additional fee and are based on availability.):

EVENT DATES:

Date(s) of Event: _____

Arrival Time: _____ Event Start Time: _____ Event End Time: _____ Departure Time: _____

Set-up Time: If set-up time, other than already listed above, is necessary, please indicate below. Additional fees may apply.

Set-up Date: _____ Arrival Time for Set-up: _____ Departure Time after Set-up: _____

By signing, I acknowledge I have read and agree to abide by the conditions governing the use of facilities as stated in the "Facility Procedure, Guidelines, and Rates Document". I am requesting use of LAKEWOOD PUBLIC SCHOOLS facilities as outlined above.

Signature of Person Applying

Printed Name

FOR SCHOOL USE ONLY

CHARGES

BUILDING FEE @ _____ Pr/Hour: \$ _____

FIELDS / GROUNDS @ _____ Pr/Hour: \$ _____

CUSTODIAN Reg/Sat/Sun @ _____ Pr/Hour: \$ _____

SECURITY CHARGE @ _____ Pr/Hour: \$ _____

OTHER @ _____ Pr/Hour: \$ _____

DEPOSIT (if required): \$ _____

ESTIMATED TOTAL COST: \$ _____

SIGNATURES

Building Admin.: _____

Athletic Director: _____

FINAL BUSINESS OFFICE APPROVAL:

Approved

Denied

BY: _____

Proof of Insurance Required

Please bring APPROVED form with you to your event