



Jefferson County School District R-1: Building and Facility Use Request Form

Organization: _____
 Type of Organization: _____
 Contact person: _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell: _____
 Email Address: _____

(An email is now required to send out contracts and permits)

School Name: _____
 Room(s)/Field(s) Requested: _____
 Purpose: _____
 Number of Attendees: _____
 Equipment/Set up Needed: _____

NOTICE: Field Use Equipment (portalet rentals)
 Rental company name: _____
 Contact person and phone number: _____
Note: Portalets must be secured in place and located away from storm drains.

Dates and Times Requested

Date	Day	Start Time	End Time
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.

Office use only: ___ Approved ___ Disapproved
 Date received: _____ Date entered: _____
 Will there be a custodian on duty? Y N ___ hours of custodial overtime will be billed to the user.
 Will security be required? Y N
 Name of approved District staff member responsible for facility if no custodian will be on duty: _____

Restrictions: _____
 Principal/Administrator Signature: _____