EXHIBIT EXHIBIT

## COMMUNITY USE OF SCHOOL FACILITIES

## REQUEST FOR USE OF SCHOOL FACILITIES

|   |                                    |               |               |  | Date:                                       |                     |
|---|------------------------------------|---------------|---------------|--|---|---------------------|
| School/Department name:                                     |                                    |               |               |  |   | request the use     |
| We,   |                                    | e of Organiz  | ation/Grou    | n  |   | , request the use   |
| Name of Organization/Group of a school building facility at |                                    |               |               |  |   | School for the      |
| purpose of presenting the f                                 |                                    |               |               |  |   |                     |
| Specific location requested                                 |                                    |               |               |  |   |                     |
| We wish the above facility of                               |                                    | attachment    | is acceptab   | le.)                                       |   |                     |
|   |                                    |               |               |  |   | <u>.</u>            |
|   | ,                                  | th            |               | Year                                       | Hours                                       |                     |
| There (will) (will not<br>The proceeds will be used         | t) be an admission charge.<br>For: | The admission | on will be _  | for adults                                 | ements needed on the form<br>s and for chil |                     |
| The rental fee will include o                               | •                                  |               | tility costs, | and equipment usag                         | ge fee, if applicable.                      |                     |
| NOTE: Food services charge                                  |                                    |               |               |  |   |                     |
| Two (2) people the District                                 |                                    |               |               |  |   |                     |
| Name:   | ( 1)                               | <i>'</i>      | _             | Address:                                   |   |                     |
| Phone:  | (work)                             | (home)        |               | -  |   |                     |
| Namo:   |                                    |               |               | Addross:                                   |   |                     |
| Name:Phone:   | (work)                             | (home)        |               | Address                                    |   |                     |
| Thoric.   | (work)                             | (1101110)     |               | _  |   |                     |
| RENTAL IS PAYABLE IN ADV<br>Remit to District Office:       |                                    |               |               |  | -   |                     |
| FOR DISTRICT USE ONLY                                       |                                    |               |               |  |   |                     |
| It is understood that all rate required.                    |                                    |               |               | here applicable)<br>re a part of this agre | ement and that proof of liab                | oility insurance is |
| Base charge of facility to be                               |                                    |               |               |  | \$\$  |                     |
| _   |                                    |               |               |  | \$\$  |                     |
| _   |                                    |               |               |  | \$  |                     |
|   |                                    |               |               |  | ,   |                     |
| Classification of u   | ser (circle one)                   | II            | Ш             |  | Total \$                                    |                     |
| Your application for school                                 | huilding usage has heen:           |               |               |  |   |                     |
|   |                                    |               |               | _Not recommended for app                   | roval                                       |                     |
| <b></b>   |                                    |               |               |  |   |                     |
|   |                                    |               |               |  |   |                     |
| Principal   |                                    | Date          |               |  |   |                     |
| D'  |                                    |               |               |  | D : 1 1 1 1 1 1                             |                     |
| District Action:  | Approved                           |               |               |  | _Denied or altered for the fo               | ollowing reason(s): |
|   |                                    |               |               |  |   |                     |
| Business Administrator                                      |                                    | Date          |               | Superintendent                             |   | Date                |
|   |                                    | Lacca         | e Acknowle    | dgement                                    |   |                     |
| Signature:  |                                    | 163366        |               | Date:                                      |   |                     |
| <u> </u>  |                                    |               |               |  |   |                     |

EXHIBIT

**Note:** All requests for use of property and/or equipment must be initiated with the campus principal to be involved in authorizing campus-level approval. The request will be forwarded to the District office for final approval/disapproval. In order to avoid conflict in use, please submit all requests *at least fourteen (14) days* prior to date of requested usage.

## **Checklist of Needs (part of application)**

| Lustodiai services needed.                 |  |  |  |  |
|--|--|--|--|--|
| Cook needed.                               |  |  |  |  |
| Special equipment needed:                  |  |  |  |  |
| Audiovisual equipment                      |  |  |  |  |
| Public address system                      |  |  |  |  |
| Scoreboard controls                        |  |  |  |  |
| Kitchen equipment                          |  |  |  |  |
| Concession stands equipment and keys       |  |  |  |  |
| Stage equipment                            |  |  |  |  |
| Special school personnel                   |  |  |  |  |
| Chairs: Qty                                |  |  |  |  |
| Tables: Qty                                |  |  |  |  |
| Custodial services:                        |  |  |  |  |
| Open building.                             |  |  |  |  |
| Close building.                            |  |  |  |  |
| Extra time needed for extra cleanup needed |  |  |  |  |
| Custodial time needed to set up            |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Estimated number of hours                  |  |  |  |  |
|  |  |  |  |  |
| Total hours                                |  |  |  |  |
|  |  |  |  |  |