

School District #145 - Waverly

Facility Request Form

Please submit a minimum of **14 days** in advance of activity.

Date _____

*Organization/Activity Title _____

Repeat event intervals: one time, every day, every week, etc. _____

*Start date/time _____ *End date/time _____

*Location (building/room/field requested) _____

CATEGORY – Please Circle One

Academic	Youth Activities	Community Education	District-wide Activities	Community Rentals	Youth Athletics
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Complete description of activity _____

Equipment/Personnel requests _____

Special requests _____

Expected number participating _____ Expected number of guest's _____

*Contact person/address _____

(Include city & zip)

*Phone number/e-mail address _____

Do you currently have a certificate of insurance? _____ Yes _____ No

Will an admission/entry fee be charged? _____ Yes _____ No

YOUR REQUEST WILL BE CONFIRMED UPON YOUR RECEIPT OF AN AGREEMENT FOR USE OF SCHOOL FACILITIES

** Building Administrator Preliminary Approval _____

Please return this form to the principal of the building for which use is requested.

*indicates required field

** required for all SD#145 staff

For Office Use Only: _____ Proof of Insurance received _____ Rental fee _____ Code #
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