

Umatilla School District 6

Code: **KG-AR(2)**
Revised/Reviewed: 10/14/10; 6/14/16

District Facility Use Application

Contact Information

Full Name: _____
Address: _____
Street Address _____ City _____
Home Phone: (_____) _____ Alternate Phone: (_____) _____
Email Address: _____
Person in Charge/Responsible Party: _____

Facility Request Information

Facility Requested: _____
Fees (see fee schedule) _____
Date(s) Requested: _____ Keys Requested: _____
Type of Activity: _____
Will food be served? (Circle appropriate response) No Yes
If yes, will it be available to the community? (Circle appropriate response) No Yes
Number of Participants:
Minimum Number: _____ Maximum Number: _____ Percentage of Umatilla Residents: _____
Hours of Usage:
Beginning Time: _____ Ending Time: _____
Requests for set-up:

The applicant(s) have read and agree to abide by Board policy KG and administrative regulation KG-AR. It is agreed upon by the organization and its officers, both individually and collectively, that Umatilla School District #6R is to be held harmless in the event of an accident or accidents.

Date: _____ Date: _____
Officer of Sponsoring Organization Person in Charge of Activity

For District Use Only - Approval or Denial

Facility request is: (circle appropriate response) Approved Denied Reason for denial: _____
Keys checked out? (circle appropriate response) No Yes, keys _____ checked out to _____
Keys returned? (circle appropriate response) No, please retain deposit and charge for rekeying costs. Yes, please return deposit.

Administrator's Signature and Date