

Umatilla School District 6

Code: **KG-AR(2)**
Adopted: 10/14/10

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: _____

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