

Facilities Use Request for Non-District Affiliated Events Alsea School District 7J

Please complete the following form to request use of Alsea School District facilities. Requests for facility use should be submitted to the school office at least two weeks prior to the event.

Contact Information

Organization: _____ **Responsible Party:** _____

Phone: _____ **Cell:** _____ **Text:** Y N **E-Mail:** _____

Address: (PO Box/Street, City, State, Zip) _____

Event Information

Event Name/Description: _____

Event Date: _____ **Event Time:** _____ to _____

Facility Needed From: (Date/Time) _____ to _____

Facility: Gym: ___ Library: ___ Classroom: ___ (Room # _____) Kitchen: ___

Play Shed: ___ FB Field: ___ Softball Field: ___ Other: _____

Equipment/Furnishing Needs (check all that apply):

Chairs: ___ (# _____) Tables: ___ (# _____) Gym Floor Covering: ___

Public Address System: ___ Music System (amp/speakers): ___ Media Projector & Screen: ___

Other: _____

Agreement

The Responsible Party above agrees to insure that the Organization and Event Attendees abide by all Alsea School District, federal, state, and county laws, rules, and policies. Any insurance, permits, permissions and associated costs required are the responsibility of the Responsible Party or Organization requesting use of District Facilities. The Responsible Party or Organization agrees to leave the facility in an orderly condition, clean, free of debris, and trash taken out. (Custodial services are available for a nominal fee.) The Responsible Party/Organization assumes responsibility for any breakage, damage, or destruction of property beyond normal use. The District reserves the right to determine availability of District Facilities, and may cancel/postpone non-district use, including this event, if District or School activities require facility use.

By signing below or submitting this form electronically, the Responsible Party accepts and agrees to the above.

Signature or Responsible Party: _____ **Date:** _____

Submit this completed form to the school office or by e-mail to: jackie.hendrix@alsea.k12.or.us

*****Office Use Only*****

Dates/Time Available: Y N **Athletic/Activities Director:** _____ **Maintenance Supervisor:** _____

Principal: Approved Denied **Activities Office:** Added to District Calendar: ___ Added to District FB Page: ___