S	STERN
SOUTH	W

## SOUTH WESTERN SCHOOL DISTRICT BUILDING/FACILITY USE

**APPLICATION FORM** 

\*\*SUBMIT REQUEST 30 DAYS IN ADVANCE TO ALLOW FOR PROCESSING TIME\*\*

Today's Date:	Name of Or	ganization/Group:					
Description of Organization/Grou	o:			Non-Profit	Profit		
School/Facility &							
Rooms Requested:							
Authorized Contact Person(s): Nan Address:	ne			Title			
Email Address:			Phone: Home		ss or Cell No.		
List date(s)/times(s) {include the t	ime you will n	need for set-up and cleanup					
Responsible On-site Contact(s) Du	ring Event:			Phone:			
Purpose for which the facility will	be used:						
Estimated # of participants/teams:/ Are any fees collected (participation, admission, etc)? If so, amount \$							
% of participants that are SWSD residents? % of participants that are SWSD students? Age Group:							
If fees are collected, what are the	y used for?						
District equipment requested and/or special set-up requirements:							
Equipment and/or items being bro	ought in:						

## <u>Please attach roster of participants with home addresses {must be updated as needed & current}</u> <u>and a copy of your registration form and/or flier</u>

\*\*Please review Facility Guidelines and Fee Schedule information BEFORE you submit your application\*\*

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Please sign agreeing the above information is accurate & complete:

OFFICE USE ONLY								
FEES	HOURS	RATE	EST. COST	ACTUAL HRS.	ACTUAL COST			
Category: A B C D								
Custodian:								
Security:								
Equipment:								
Facility Rental: 1.								
Facility Rental: 2.								
Other:								
Approval:					_Date:			
Application Not Approved:					_ Date:			
Schedule	В	oard Memo	Contract	HVAC Program				