



Facility Use Request Form

Date: _____

Campus Related Activity

Lease/Non Campus Related Activity

Campus: LHS
Hart ES

Willow Springs MS
Lovejoy ES

Sloan Creek IS
Puster ES

Room Request: _____

Nature of Function: _____

Date of Activity: _____

Advertised Start/End Time: _____ A.M./P.M. to _____ A.M./P.M.

Total Event Start/End Time: _____ A.M./P.M. to _____ A.M./P.M.
(including setup & breakdown)

Organization Name: _____

Contact Name: _____

Contact Phone #1: _____ Contact Phone #2: _____

Contact email: _____

Heating or Air Conditioning Required
(Utilize temp control override for events less than 1 ½ hours)

REQUIRED APPROVALS:

Principal's Signature: _____

Campus Main Calendar _____

District Administration: _____

Distribution: (For Facilities Use Only)

- | | | | |
|-----------------------------------------|-------------------------------------------|----------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Donna W. | <input type="checkbox"/> SCIS (Teri D.) | <input type="checkbox"/> Athletics (Linda G.) | <input type="checkbox"/> LHS IT (Michael L.) |
| <input type="checkbox"/> Donna H. | <input type="checkbox"/> HES (Alessandra) | <input type="checkbox"/> Auditorium | <input type="checkbox"/> WSMS IT (Stacie W.) |
| <input type="checkbox"/> LHS (Lynda F.) | <input type="checkbox"/> LES (Karolyn S.) | <input type="checkbox"/> (John D., Jessica B., Cathy K.) | <input type="checkbox"/> SCIS IT (Howard D.) |
| <input type="checkbox"/> WSMS (Pam L.) | <input type="checkbox"/> PES (Patty F.) | | <input type="checkbox"/> Elem IT (Brandy B.) |

Campus Activities - Overtime & Support Costs

Budget Code: _____

LHS & WSMS ONLY

For athletic facilities (gyms, stadium, fields, etc.)

LHS Athletic Calendar _____

WSMS Athletic Calendar _____

Athletic Director Signature: _____

