

Summer Facility Usage Sheet.doc

Date Submitted: _____ Submitted by: _____

Please submit a brief description and rationale for the program (use a separate document for the description) Please email.

DATES OF ACTIVITY:

From: _____ Day of the Week: _____

To: _____ Day of the Week: _____

Person(s) in charge: _____

(You will be held responsible by the school leadership for oversight of the event or program and the facilities you use unless other arrangements have been made)

Name of program: _____

Type of program: _____

LOCATION OF PROGRAM:

Elementary Building Secondary Building Gym/Cafeteria Building

Room # for program: _____

Grounds or field area needed for program: _____

Transportation needs:

Eagle 1 Yes No

Eagle 2 Yes No

Target age-level of participants: _____

Program will begin at: _____ AM PM and will

end at: _____ AM PM

Number of Sponsors or assistants to be used: _____

Cost per person: _____ Is ticket purchase necessary? Yes No

Are medical release forms necessary? : Yes No

Any special requirements for room arrangement or furnishings: _____

Any special equipment, janitorial, or maintenance needs: _____
