

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: \_\_\_\_\_

\_\_\_\_\_