

REQUEST FOR RENTAL/USE OF FACILITIES APPLICATION

KEA

NAME OF REQUESTING ORGANIZATION

MS Library

AREA OF THE FACILITY

Pam Scudder

PERSON SUPERVISING ACTIVITY

DATE(S) REQUESTED TIME: November 19,
3:40-4:30 Pm. (Please specify AM or PM)

THE REQUEST AREA(S) OF THE FACILITY WILL BE USED FOR THE FOLLOWING ACTIVITIES:

Learn about KEA and fill offices

Is the organization planning to conduct sales on school premises? No. SCHOOL EQUIPMENT TO BE USED: table and chairs. APPROXIMATE #OF PERSONS: 25-30

I request waiver of the rental fee. Please X if applicable

I request waiver of the charge for custodian. Please X if applicable

Fee Schedule The organization agrees to pay the applicable fee(s) for the use of District facilities

Facility/Equipment Fee \$X Personnel Cost \$ X Insurance Cost \$X _Total Cost \$X

AREA BELOW FOR OFFICIAL USE ONLY

Click here to enter text.

MARTHA SEBRING for Café Requests

Click here to enter text.

JON JONES/LINDA EDMONDSON for Gym Requests

Click here to enter text.

KEITH HOWARD for Auditorium Requests

Curt Bieger

PRINCIPAL

SUPERINTENDENT

BOARD CHAIR

DATE