

**APPLICATION FOR USE OF SCHOOL FACILITIES**

NAME OF ORGANIZATION \_\_\_\_\_ Today's Date \_\_\_\_\_

Contact Name and Title \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email: \_\_\_\_\_

**BUILDING:**    HIGH SCHOOL    ELEMENTARY SCHOOL    ADMIN.

**AREA:**                       Equipment Use (*Complete Reverse Side*)  
 Auditorium                       Grounds/Athletics Fields     Library Conference Rm.  
 Classroom # \_\_\_\_\_         Gymnasium                       Lounge - \_\_\_\_\_  
 Dining Room                       Kitchen                           Multi-Purpose Rm.  
 Forum (LGI)                       Library                               Stage  
 Other (*Specify*) - \_\_\_\_\_

**Indicate DOORS TO BE UNLOCKED:**  
 HS Front Main Entrance  
 HS Side Crestview Entrance  
 HS Gymnasium Front Entrance  
 ADMIN Lobby Entrance  
 ELEM Crestview Entrance  
 ELEM Brentwood Gym Entrance  
 Other - \_\_\_\_\_

Activity Date(s) \_\_\_\_\_

Bldg. Use Start Time: \_\_\_\_\_ Use End Time: \_\_\_\_\_

Event Time: \_\_\_\_\_ Anticipated No. Attending \_\_\_\_\_ Admission Charge \_\_\_\_\_

Activity Description \_\_\_\_\_

***PLEASE ATTACH A LIST OF THE NAMES OF THE INDIVIDUALS ATTENDING IN CASES WHERE GROUPS WILL BE MEETING ON A REGULAR BASIS.***

If permission to use the school facilities is granted, the lessee agrees to abide by the policies established by the Reynolds School Board on granting the use of such facilities. ***For liability reasons, no running is permitted in hallways or stairways.***

Signature of Applicant: \_\_\_\_\_

*Place Date Stamp Here*

Building Principal Approval: \_\_\_\_\_ Date \_\_\_\_\_

Superintendent Approval: \_\_\_\_\_ Date \_\_\_\_\_

NOT APPROVED: \_\_\_\_\_ Date \_\_\_\_\_

Remarks: \_\_\_\_\_

- CANCELLATION NOTICE MUST BE RECEIVED BY THE SUPERINTENDENT'S OFFICE 48 HOURS IN ADVANCE.
- THE REYNOLDS SCHOOL DISTRICT IS A SMOKE/TOBACCO-FREE DISTRICT. PLEASE OBSERVE THE NO SMOKING/TOBACCO POLICY IN ALL BUILDINGS AND ON SCHOOL DISTRICT GROUNDS AT ALL TIMES.

\_\_\_\_\_**Security Deposit Required** [When applicable, a security deposit of one hundred dollars (\$100.00) is required before use.]

\_\_\_\_\_**Certificate of Insurance Required** [When applicable, Proof of Liability and Medical Payment Insurance are required before use.]

No Use Fees     Billable Use Fees: [Amount - \$ \_\_\_\_\_ / Date Invoice Mailed - \_\_\_\_\_]

**LATE REQUESTS:** If your building use request is within **ten (10) calendar days** of your activity date, you **MUST** personally contact the supervisors directly if their services are required.

**Functions requiring the following services must be arranged by you directly for late requests:**

- **Custodial Services:** Mr. John Covelli, Supervisor - Cell: (724) 333-2828; Office: (724) 646-5726
- **Food Services:** Ms. Lisa Brest, Supervisor - Cell: (724) 699-1438; Office: (724) 646-5522
- **Technology Services:** Mr. Brian Buchman, Director – Cell: (724) 301-7820; Office: (724) 646-5515

Office Use ONLY; Copies to:     Custodians     Food Serv.     Tech.     Principal     Other: \_\_\_\_\_

**APPLICATION FOR USE OF SCHOOL EQUIPMENT**

NAME OF ORGANIZATION \_\_\_\_\_ Today's Date \_\_\_\_\_

Contact Name and Title \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email: \_\_\_\_\_

**The above organization requests use of Reynolds School District equipment as indicated below:**

Curtain Usage     Lights     Podium     Microphone     Laptop

Smart Board     Telephone Connection     Tables: How Many? \_\_\_\_\_

White Screen     Other (Specify) \_\_\_\_\_

\_\_\_\_\_

Date(s) of Use: \_\_\_\_\_

Time \_\_\_\_\_

Purpose: \_\_\_\_\_

*Place Date Stamp Here*

If permission to use school equipment is granted, the lessee agrees to abide by the policies established by the Reynolds School Board on granting the use of such equipment. *Non-employee lessees are responsible for the borrowed school equipment should any damage occur as well as for lost or stolen items.*

Signature of Applicant: \_\_\_\_\_

Building Principal Approved \_\_\_\_\_ Date \_\_\_\_\_

Superintendent Approved \_\_\_\_\_ Date \_\_\_\_\_

**LATE REQUESTS:** *If your equipment use request is within **ten (10) calendar days** of your date of use, you **MUST** personally contact the supervisors directly if their department's equipment is being requested.*

**Functions requiring the following services must be arranged by you directly for late requests:**

- Office Use  **> Custodial Services:** Mr. John Covelli, Supervisor - Cell: (724) 333-2828; Office: (724) 646-5726
- Only  **> Food Services:** Ms. Lisa Brest, Supervisor - Cell: (724) 699-1438; Office: (724) 646-5522
- Copies to:  **> Technology Services:** Mr. Brian Buchman, Director – Cell: (724) 301-7820; Office: (724) 646-5515
- > Other:** \_\_\_\_\_

*The Reynolds School District does not discriminate on the basis of race, sex, color, handicaps, creed, age, or national origin in administration of its educational or employment policies.*