

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*) - _____

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: _____

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:

- Copies to: ➤ **Custodial Services:** Mr. Casey Taylor - Cell: (724) 456-6189; Office: (724) 646-5573
 ➤ **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
 ➤ **Other:** _____

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 - _____

Place Date Stamp Here

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:

- Copies to: **> Custodial Services:** Mr. Casey Taylor, Supervisor - Cell: (724) 456-6189; Office: (724) 646-5573
- > 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
- > 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.