In House Use Request Form

Name of Organ	ization
Person Reques	stingPhone Extension
Room(s)/Area F	Requested
Date(s)	Time(s)Expected Number of Participants
Purpose of Use	9
Please specify the setup of room(s) requested (arrangement of chairs, tables, technology needed, etc.)	
*******	*******************************
that no room or *I/we agr payment of any (Note that snead *I/we agr *I/we agr absolute prohib *I/we agr immediate cand	ree to guarantee proper use and supervision of all school facilities and area that is not listed above will be used by this organization. There to be responsible for the return of all school property and for the redamage to the building or equipment caused by this organization. There to leave the school facilities in proper order. There to enforce the no smoking rule in school buildings, and to enforce the ition on alcoholic beverages in school buildings or on school grounds. There that any violation of any of the above will be sufficient cause for the cellation of this request and will be adequate reason to void, for one full attention of the violation, any use of school buildings by this organization seption.
Date	Signature of Staff Member
 Date	Principal's Signature of Approval
copy to: Cleaners Technolog Maintenar	