

**SPARTA COMMUNITY UNIT SCHOOL DISTRICT #140**

**REQUEST FOR FACILITY RENTAL**

Name of group/individual requesting rental: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Description of group/organization: \_\_\_\_\_

School campus requested: \_\_\_\_\_

Date(s) requested: \_\_\_\_\_ Hours requested: \_\_\_\_\_

Type of Activity: \_\_\_\_\_ Fund Raising \_\_\_\_\_ Non-Fund Raising

Description of Activity/Event: \_\_\_\_\_

Anticipated number of: Participants \_\_\_\_\_ Spectators \_\_\_\_\_

Will an admission fee be charged? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how much? \_\_\_\_\_

Facilities requested:  Gym  Locker Room

Multi-Purpose Room  Classroom  Library

Kitchen  Grounds (\_\_\_\_\_)

PA System  Athletic Field Lights

Identify other equipment or special set-up requirements: \_\_\_\_\_

**Request for Facility Rental**

Name and Address of Group Contact Person: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

I have received a copy of the terms and conditions for rental of Sparta CUSD #140 facilities and agree to abide by them.

Signature: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Date: \_\_\_\_\_

\* \* \* \* \*

**APPROVAL**

This request is: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

Conditions: Estimated Rental Fee to be paid by renter: \$ \_\_\_\_\_

Estimated Additional Costs to be paid by renter: \$ \_\_\_\_\_

Total Estimated Fee to be paid in advance by renter: \$ \_\_\_\_\_

Required Deposit: \$ \_\_\_\_\_

Evidence of Insurance Presented: \_\_\_\_\_

\_\_\_\_\_  
Building Administrator

\_\_\_\_\_  
Superintendent

Follow-up: Final Cost of Activity: \$ \_\_\_\_\_

Balance Due Following Activity: \$ \_\_\_\_\_