

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: \$ _____