

BENTON COUNTY SCHOOLS

APPLICATION FOR USE OF FACILITIES

Date _____

Name of Person Making request: _____

Address: _____ Telephone: _____

Name of Organization: _____

Address: _____ Telephone: _____

School Facility Requested: _____

If Cafeteria: No cafeteria equipment can be used, building is to be left the way it was found, and a \$10 key deposit is required and will be returned upon returning the key on time, meaning, the day after the event. (if event takes place during the week), and the following Monday morning (if event takes place on the weekend).

Describe Event to be held: _____

Date of Event to be held: _____

Name of School Employee who will attend Function: _____

Will admission be charged? Yes No Will funds be solicited? Yes No

Will food/drinks be served/sold? Yes No Will Merchandise be sold? Yes No

Length of Use _____ Hours Opening Time: _____ Closing Time: _____

Fees to be paid: _____ \$50.00 Utility Fee to be charged to all: _____ \$100.00

Exempt Reason for exemption: _____

I certify that the information given is true to the best of my knowledge. I have been given a copy of the required regulations for using school facilities. I understand that this agreement shall be come null and void should it be transferred to some other individual or group.

Signature of Applicant

Date

Principal's Approval

Date

Superintendent's Approval

Date

School Board Action: Approved Denied

Signature of School Board Representative

Date