

Jefferson County School District R-1: Building and Facility Use Request Form

Organization:		
Гуре of Organization:		
Contact person:		
Billing Address:		
City:	State:	Zip:
City:Phone 1:	Phone 2:	
Email Address:		
(An email is now required	d to send out contracts an	
School Name:		
Room(s)/Field(s) Requested:		
Purpose:		
Number of Attendees:		
Equipment Needed:		
Will there be a custodian on duty? Y N _	hours of custodial	overtime will be billed to the user.
Will security be required? Y N		
Name of approved District staff member respon	sible for facility if no	custodian will be on duty:
Principal/Administrator Signature:		

Dates and Times Requested

Date	Day	Start Time	End Time
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.