



APPLICATION FOR USE OF SCHOOL FACILITIES

Building Requested: Elementary School 5-12 School

Name of Organization/Group/Individual: _____

Address/City/State/Zip: _____

Phone: _____ Email: _____

Purpose and Nature of Use: _____

Frequency of Use: One time Weekly Monthly
 Mon Tues Wed Thurs Fri Sat Sun

Commencement Date: _____ Completion Date: _____

Hours of Use: From: _____ To: _____

Area(s) Requested: Gym/Weight Room Classroom(s) _____ Kitchen
 Cafetorium Computer Lab IMC Other: _____

Equipment Request: _____

FOR OFFICE USE ONLY

Rental Charges: Yes No Amount \$ _____

Custodial Charges: Yes No Amount \$ _____

Kitchen Charges: Yes No Amount \$ _____

Category of Use:
 School and Student Groups, Non-Profit Organizations, Civic Groups
*If non-profit, please submit tax-exempt certificate

Private Individuals and Groups within the Webster School District

Income Generating Groups

Commercial Groups

Total Charges for Event \$ _____

Extra fees may apply if kitchen or custodial service is required.

Please make checks payable to "Webster Schools" upon receipt of invoice from District

Signature on behalf of User

Date

Signature on behalf of School

Date