

# Newark Community High School Facility Use Request

## Requester Information

Preferred Room

Name of Group, Organization or Class

Purpose of the Meeting

Name of Person Requesting Meeting Space

First Name

Last Name

Requestor's Street Address

State  ZIP Code

Phone

Email

## Event Information

Name of Event

Date(s) of Event

MDY Month  Day  Year

Start Time

End Time

Hour

Hour

Minute

Minute

AM/PM

AM/PM

Number of Attendees

Will there be a guest speaker?

No  Yes

Guest Speaker Name

First Name  Last Name

Guest Speaker Organization

Is this a Student Organization event?

No  Yes

If the event start or ends outside normal building hours your faculty sponsor must agree to be present for those hours in which the event takes place either before or after regular building hours.

Faculty Sponsor Name

First Name  Last Name

AV Equipment needed? If yes, what equipment are you requesting?

No  Yes

Please note: The organization will be financially responsible for any damage incurred to District #18 facilities or property resulting from their usage.

Insured by:

Please provide proof of insurance coverage. Please see Rules and Regulations for requirements.

Signature of Requester  Date



*For Office Use Only:*

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

Rental Cost: \_\_\_\_\_

Action: Approved \_\_\_\_\_

Disapproved: \_\_\_\_\_

Other Considerations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reviewed By: \_\_\_\_\_

Approved October 2016