

**EUFAULA PUBLIC SCHOOLS
FACILITY USE REQUEST FORM**

Group: _____ **Type of category:** _____
(See policy for category status)

School: _____ **Facility/room(s):** _____

Date(s): _____ **Times (Start & End):** _____

Set-Up/Take Down times if needed: _____

Person in charge: _____ **Phone:** _____

Address: _____

Describe activity:

I certify that the information above is accurate. I have also read the facilities use policy attached and will comply with all of its provisions.

(Signature)

(Date)

For office use only:

Supervision needed/cost: _____
(To be determined by the principal or his/her designee)

Clean-up time needed/cost: _____
(To be determined by the manager of building and grounds)

Proof of insurance: yes / no
(Circle one, if needed)

Deposit: _____
(If applicable)

Rent: _____
(Determined by the district administrator, if applicable)

Approved: _____ Date: _____