

BUILDING USE REQUEST

HUSTISFORD SCHOOL DISTRICT

DATES & TIMES			
Date of Request: _____	Date of Event: _____	Time of Event: _____	
Event Description: _____		Begin Set-up: _____	Departure Time: _____
CONTACT INFORMATION			
Organization/Group: _____			
Individual Responsible: _____			
Address: _____			
Street Address	City	State	Zip
Phone #: _____		Email: _____	
1. Will any admission be charged or funds raised at this event?		___ Yes	___ No
2. If "yes", will the profits be used to benefit the Hustisford School District?		___ Yes	___ No
How? _____			
REQUEST INFORMATION			
Building Requested:		___ John Hustis Elementary	___ Hustisford High School
Areas Requested:			
___ Gymnasium	___ Cafeteria/Commons	___ Classroom	___ Stage (HS)
___ Balcony (HS)	___ Multipurpose Room (JH)	___ Other (List) _____	
___ Kitchen – ___ Dishwasher	___ External Cooler	___ Sinks	___ Steam Jacket
___ Other (List) _____			
ADDITIONAL INFORMATION / EQUIPMENT REQUEST			

REQUEST AUTHORIZATION

		Approved	Denied
1. Maintenance Supervisor _____	_____	_____	_____
	Date		
2. Building Principal _____	_____	_____	_____
	Date		
3. Food Service Director _____	_____	_____	_____
<i>* for kitchen requests</i>	Date		
4. Superintendent _____	_____	_____	_____
<i>* for requests from non-district groups</i>	Date		

FOR OFFICE USE ONLY
Building Use Charge \$ _____
Custodial Charge (approx.) \$ _____
TOTAL \$ _____
(Actual cost will be billed following the event)
<input type="checkbox"/> Added to building calendar
<input type="checkbox"/> Copy sent to district office secretary (if charges apply)