Customer Support Center
Poudre School District
2445 LaPorte Avenue
Fort Collins, CO 80521
Phone: (970) 490-3333 | Fax: (970) 490-3110
csc@psdschools.org

FACILITY USE REQUEST FORM – IN-DISTRICT
INDOOR FACILITY USE

Fill out the following information and submit request to the Customer Support Center. Submission of request does not guarantee approval; reservation will not be confirmed until the Facility Use Permit and Acknowledgement of Receipt is received. Please allow 10 business days for processing. See district policy KF – Use of District Facilities, Facility Use Guidelines (Community), and Personnel Fees for additional details.

Date: _____

Requester Name: _____ **Email Address:** _____

Location/Department: _____ **Phone:** _____

On Site Emergency Contact: _____

Event Description: _____

Number Attending: _____

Equipment and Service Needs:

Chairs _____   AV Equipment/Microphone _____
        Quantity   Specify Item(s) Requested

Tables _____   Other_____
        Quantity   Please specify

Budget Code_____
            Required for applicable personnel (i.e. Custodial) fees only

First Choice of Location

Location: _____   **Space(s) Requested:** _____

Start Time: _____ **End Time:** _____   _____

Date (if one day only) _____   _____

Complete the following if request is for multiple dates: **Other:** _____

Start Date: _____ **End Date:** _____

To Be Held:	Weekly	Bi-Weekly	Monthly		Other (List): _____
Day(s) Held:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Customer Support Center
Poudre School District
2445 LaPorte Avenue
Fort Collins, CO 80521
Phone: (970) 490-3333 | Fax: (970) 490-3110
csc@psdschools.org

Second Choice of Location

Location: _____   **Space(s) Requested:** _____

Start Time: _____**End Time:** _____   _____

Date (if one day only) _____   _____

Complete the following if request is for multiple dates: **Other:** _____

Start Date: _____**End Date:** _____

To Be Held:	Weekly	Bi-Weekly	Monthly	Other (List): _____

Day(s) Held:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Third Choice of Location *(if applicable)*

Location: _____   **Space(s) Requested:** _____

Start Time: _____**End Time:** _____   _____

Date (if one day only) _____   _____

Complete the following if request is for multiple dates: **Other:** _____

Start Date: _____**End Date:** _____

To Be Held:	Weekly	Bi-Weekly	Monthly	Other (List): _____

Day(s) Held:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Setup Instructions or Additional Information: