



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:** _____

Event Description: _____

Number Attending: _____

Company or Organization Providing Services/Facilitating* (if applicable): _____

Company/Organization Contact: _____ **Email Address:** _____

Equipment and Service Needs:

Chairs _____
Quantity

AV Equipment/Microphone _____
Specify Item(s) Requested

Tables _____
Quantity

Other _____
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

*If an outside company or organization is providing services, additional contracts or approval may be required.



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: