

## Facility Use Authorization

Date (s) of the Event: \_\_\_\_\_

Day of Week: \_\_\_\_\_

Time of Day: \_\_\_\_\_

Description of the Event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ages Attending: \_\_\_\_\_

\_\_\_\_\_

Company/Person Renting: \_\_\_\_\_

Responsible Person: \_\_\_\_\_

Other Supervisors/Chaperones: \_\_\_\_\_

\_\_\_\_\_

### Authorizations

*Events are not authorized until all signatures are in place.*

\_\_\_\_\_

Facility Use Agreements Signed     Proof of Insurance     Rental Fee Paid (if applicable)

Principal \_\_\_\_\_

Business Manager \_\_\_\_\_

Administrative Assistant \_\_\_\_\_

*(entered into facility use calendar)*