

NORMAN COUNTY EAST SCHOOL DISTRICT #2215
FACILITIES USE CONTRACT



ORGANIZATION: _____

ADDRESS: _____

ACTIVIITY/EVENT: _____

CONTACT PERSON: _____

Name

Address

Home Phone: _____ Work Phone: _____

DATE(S) REQUESTED: _____

BUILDING(S) REQUESTED: _____ High School _____ Elementary

ROOM/AREAS NEEDED:

TIME IN & OUT OF AREA

1. _____ IN _____ OUT

2. _____ IN _____ OUT

3. _____ IN _____ OUT

KEYS NEEDED: _____ NO _____ YES, NUMBERS ISSUED: _____

EQUIPMENT NEEDED: (list number of tables, chairs, audio-visual, etc.) _____

ESTIMATED NUMBER OF PEOPLE ATTENDING ACTIVITY/EVENT: _____

Activity Starts: _____ AM/PM Time Activity Ends: _____ AM/PM

Time Doors Open: _____ AM/PM Time Doors Closed: _____ AM/PM

My signature indicates that I agree to abide by the facilities use contract. I agree that the group I represent will be responsible for any damage to the building or loss of its contents

Signature

Date

Signature of School Official

Date