FACILITY USE REQUEST

Organization: ____________________________ (Print)

Use for: ____________________________ (Print Name / Title of Event)

Request to use:
___Cafetorium
___Kitchen (Complete Safe Food Handling form)
___Board Room
___Classroom
___Yukon / School Vehicle (Faculty/Staff ONLY)

Requesting Person: ____________________________ (Print Name)

Phone Number: ____________________________

Email: ____________________________

Date(s) Needed: ____________________________ Actual Time of Event: ____________________________

Time(s) Needed Including Set up: ____________________________ and Clean up: ____________________________

*If more than one date is needed, list dates: ____________________________ through ____________________________

Equipment Requested:
___P. A. System
___Laptop
___Tables/Chairs for ____ person(s)
___ITV Equipment

___Overhead Projector & Screen
___Internet Guest Access (wireless)

Guest Wi-Fi Voucher: ____________________________ (OFFICE USE ONLY)

___Other: ____________________________

Supervising Adults: ____________________________

We fully understand and agree to abide by the policies governing the use of the desired facility. It is our responsibility to make restitution for any damages to the building or contents caused by our organization, turn off all lights & equipment, secure all entrances/exits all times & remove trash. We will not hold L’Anse Area Schools responsible or liable for any injury received while our organization is using the facility.

Requested by: ____________________________ Date: ____________________________

(Signature)

Student/Internal Activity Approved by: ____________________________ Date: ____________________________

(PRINCIPAL Signature)

Approved by: ____________________________ Date: ____________________________

(Administrator Signature)

Charge(s) $ ____________________________ Kitchen Fee $ ____________________________ PAID: ____________________________

CC: Susan Tollefson, Superintendent
    Missy Scroggs, K-12 Principal
    Mike Roth, Maintenance/Transportation Supervisor

Darrin Voskuhl, Director of Student Services & Athletic Director
Martin Meleen, Technology
Shelley Bianco, Kitchen
L’ANSE AREA SCHOOLS

“SAFE FOOD HANDLING”
Kitchen Use by School Related Groups

Requesting Organization: _______________________________________

Purpose: ________________________________________________

Date: ____________________________________________________

Time: ____________________________________________________

Contact(s):
Name: __________________________________ Phone: __________

Name: __________________________________ Phone: __________

I will provide training and/or supervision to assure that all Food Safety Regulations are followed for the above listed event.

Signature:

___________________________________________________________

Food Service Director

OR

___________________________________________________________

Food Service Manager

Check one option:

_____ I am doing this on a voluntary basis

_____ I would like to be paid my regular rate of pay for my time in doing this