

**APPLICATION FOR USE OF FACILITIES  
SCHOOL DISTRICT OF PRENTICE**

1. Advance permission must be obtained for use of a school facility. Use may not occur without the signature of Mr. Crispell or Mrs. Isaacson. Application must be made during school hours Monday through Friday.

2. The individual(s) signing below as the Adult Supervisor(s) must be present and in control of the activity during the entire time the facility is in use and will:

- A. Be responsible for seeing that a medical response is made for anyone who may be injured while the facility is in use.
- B. Report any such injuries to the building principal
- C. See that the facility is left in a clean/neat condition.
- D. See that the facility is secured as appropriate when leaving.
- E. Be responsible for key(s) issued not allowing others to use key.
- F. Return key(s) issued the following school day.
- G. Be responsible for users' keeping pop and liquids out of the gyms.

3. The administration will determine who may be considered satisfactory as a responsible adult for supervision purposes. 4. Inability to comply with the guidelines and policies related to the use of facilities may result in a denial of continued and/or future use. 5. Complete the lower portion of this form and return it to a school office for signature of approval.

NAME OF GROUP/ACTIVITY: \_\_\_\_\_ AGE/GRADE: \_\_\_\_\_

TYPE OF ACTIVITY: \_\_\_\_\_

SPACE REQUESTED: \_\_\_\_\_

DATE(S) OF USAGE: \_\_\_\_\_ HOURS OF USAGE: \_\_\_\_\_ to \_\_\_\_\_

ADULT SUPERVISOR(S) NAME: \_\_\_\_\_ (Must be present at Activity)

ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_

CUSTODIANS NEEDED: YES NO SPECIAL SET-UP NEEDED: YES NO (ATTACH)

SIGNATURE OF REQUESTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**OFFICE USE BELOW**

KEYS ASSIGNED: NO YES NUMBER \_\_\_\_\_ RETURNED \_\_\_\_\_ FEE DUE TO DISTRICT: \_\_\_\_\_

**PERMISSION GRANTED – PERMISSION DENIED**

SIGNATURE OF SCHOOL OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_