Jefferson County School District R-1: Building and Facility Use Request Form

*All requests must be submitted directly to the office staff at the school*

Organization: ________________________________________________________________

Type of Organization: __________________________________________________________

Contact person: ________________________________________________________________

Billing Address: ________________________________________________________________

City: __________________________________________ State:__________ Zip:____________

Home Phone: ________________________________ Cell:_______________________________

Email Address: ________________________________________________________________

(All agreements and invoices will be sent via email, please check spam/junk)

School Name: _________________________________________________________________

Room(s)/Field(s) Requested: ____________________________________________________

Activity Name: ________________________________________________________________

Number of Attendees: __________________________________________________________

Equipment/Set up Needed: _______________________________________________________

**PLEASE REVIEW TIME CAREFULLY! ALL TIME WILL BE BILLED WITHOUT 24 HOUR CANCELLATION NOTICE TO THE SCHOOL**

You must also notify General Accounting buildinguse@jeffco.k12.co.us for cancellations

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<th>Set-Up Time (Optional)</th>
<th>Event Start Time</th>
<th>Event End Time</th>
<th>Teardown Time (Optional)</th>
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Office use only: _____ Approved _____ Disapproved

Date received:____________________      Date entered:_____________________

Will there be a custodian on duty? Y  N    ____ hours of custodial overtime will be billed to the user.

Will security be required? Y  N

Name of approved District staff member responsible for facility if no custodian will be on duty:

Restrictions: __________________________________________________________________

Principal/Administrator Signature:__________________________________________________