

**LA VETA SCHOOL DISTRICT RE-2**  
**FACILITY/EQUIPMENT USE REQUEST**

Name of person/organization responsible:

Date of request:

Address:            Phone:

Date facility/equipment is being requested:

Time of function:

**Facility to be used:** You must check with the High School and Elementary School office and then the Supervisor listed below to make sure the facility/equipment will be available. Circle the facility you wish to use and then see the supervisor of that facility for approval, you must have their signature before returning to the High School office. There must be a Custodian signature before use of facility/equipment will be approved.

South Gym: \_\_\_\_\_

North Gym: \_\_\_\_\_

Cafeteria: \_\_\_\_\_

HS Library: \_\_\_\_\_

Elementary Library - \_\_\_\_\_

Elementary Classroom-Elementary Office: \_\_\_\_\_

North Football Field/Track: \_\_\_\_\_

South Football Field/Track: \_\_\_\_\_

Baseball Field: \_\_\_\_\_

Concession Stands: \_\_\_\_\_

Custodian: \_\_\_\_\_

What you will be using the **facility** for:

What **equipment** will you be using:

The person or persons that are requesting the use of the La Veta School District facilities will be responsible for the basic maintenance and cleanup of the facility. The school districts custodians are not responsible. In case of equipment being broken or destroyed, you will be responsible for replacement or repair. By signing below you are taking full responsibility for the use of the facilities and/or equipment.

Signature of person/persons responsible: \_\_\_\_\_

**Receipt of any keys:**

I agree to the following terms should I be given any keys to La Veta School District Facilities:

1. This key is not to be duplicated for any reason.
2. I understand that I may incur financial obligation for any damages that may occur to the facilities during the time I am accessing the facilities.
3. I will make sure all doors opened will be shut, locked and secured when I leave the facilities.
4. I will use only the facilities specified with use of this key.
5. I will be using the facilities during the time specified.
6. I will return the key to the High School office after I have used the facility.
7. If any damage to the facilities or equipment occurs to any person on the premises I will immediately contact the Athletic Director or Principal.

Signature of responsible person: \_\_\_\_\_

\_\_\_\_\_

Signature of Principal upon approval: \_\_\_\_\_

Date of approval: \_\_\_\_\_