

Wellsville Unified School District #289
602 Walnut St.
Wellsville, KS 66092-8323

REQUEST FOR USE OF SCHOOL FACILITIES
(This form must be returned a minimum of 2 weeks prior to usage date.)

Building Requested: _____

Organization: _____ Number of People anticipated _____

Contact Person: _____ Do you live in USD 289? _____
(This person will be responsible for the group and will assume responsibility for any damages that may occur.)

Address: _____

Phone # (Home) _____ (Work) _____

Is attendance limited to membership of this group? _____ Is this a profit making event? _____

Describe specifically how the facility will be used:

Date(s) Building will be used: _____

Time of use: Begin _____ End _____

Please list type of area and equipment needed:
(Commons, Red Gym, Blue Gym, Kitchen, P.A. System, Projector, etc.)

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Signature of User: _____ Date: _____

Approved () Denied () Adjusted ()

Signature of Building Administrator _____ Date: _____

Signature of Director of Facilities _____ Date: _____

Copies to:

- | | |
|------------------------------|----------------------------|
| ____ Superintendent | ____ Supervisor of Grounds |
| ____ Secondary Principal | ____ Food Service Director |
| ____ Middle School Principal | ____ Athletic Director |
| ____ Elementary Principal | ____ Group requesting |

Usage Fees: \$ _____

Custodial Fees: \$ _____

Comments