## REGIONAL SCHOOL UNIT NO. 18 COMMUNITY USE OF SCHOOL FACILITIES



	Today's Date:	
As a responsible individual for the:		
	Group or Organization Name	
responsibilities as stated in that doc	regulations governing the use of the cument. I also understand and agree that the use ited without specific prior authorization of llowing:	se of school-owned equipment,
Day and Date Needed:		
Beginning & Ending Time:		
Room / Area Being Requested:		
Special Request:		
	Yes, keys will be returned to School on:	by 4:00p.m.
_ ·	oaned to me, I take full responsibility for r diately following this event as agreed to abo	
$\sqrt{\text{If you would like your event li}}$	isted in the calendar on the school's weekly ne	wsletter.
As the responsible individual for the that the School h	nis group/organization, I am providing my per has any questions.	sonal information in the event
Responsible Person's Full Name:		
Complete Address:		
Daytime Phone Number.		
Evening Phone Number:		
Signature:		
(for office use only)		
Approved Signature:		
Date Approved:	F.C. Events Calendar	
Scheduling Calendar	F.C. Events Calendar	Newsletter
Forms/Facilities Use Form		