

# Wattsburg Area School District Utilization of School Facilities Form

**SECTION I**

*Section I to be completed by person requesting utilization of school facilities.*

Name of Organization \_\_\_\_\_

Officer or Individual Responsible: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Please select the best class that describes your organization:

See attached School Board Policy for additional information

- Class I** School District Related     
  **Class II** Non-Profit WASD Resident Organization     
  **Class III** Profit or Non-WASD Resident Organization

Which facility does your organization wish to use:

- Seneca High School     
  Middle School     
  Elementary Center     
  Athletic Fields

Facility to be used for: \_\_\_\_\_

Date(s) desired \_\_\_\_\_ Has this date(s) been verified by the school office?  Yes  No

Number of participants \_\_\_\_\_

Will funds be raised at this event?  Yes  No      Will Games of Chance be conducted?  Yes  No

Facility to be opened at \_\_\_\_\_ AM PM      Length of activity to be \_\_\_\_\_ hours

Specific area(s) needed for this request:

- |  | WASD<br>USE |   | WASD<br>USE |   | WASD<br>USE |
|--|-------------|---|-------------|---|-------------|
| <input type="checkbox"/> Auditorium            | _____       | <input type="checkbox"/> Commons (SHS)      | _____       | <input type="checkbox"/> Gymnasium        | _____       |
| <input type="checkbox"/> Kitchen               | _____       | <input type="checkbox"/> Computer Lab       | _____       | <input type="checkbox"/> Football Field   | _____       |
| <input type="checkbox"/> Videoconference Room  | _____       | <input type="checkbox"/> Conference Room    | _____       | <input type="checkbox"/> Concession Stand | _____       |
| <input type="checkbox"/> Cafeteria Dining Room | _____       | <input type="checkbox"/> Boys' Locker Room  | _____       | <input type="checkbox"/> Baseball Field   | _____       |
| <input type="checkbox"/> Classroom # Needed    | _____       | <input type="checkbox"/> Girls' Locker Room | _____       | <input type="checkbox"/> Softball Field   | _____       |
| <input type="checkbox"/> Other (Specify)       | _____       |   |             |   |             |

**Special Request:**

*Special Request would include number of tables needed, audiovisual equipment need, PA equipment needed, etc.*

I have read and understand the attached School District Policy Number 3513 regarding the Utilization of School Facilities. I will be responsible for compliance with this policy during the period of use. I acknowledge and agree to pay any fees, if applicable. I also understand that a contract may be issued, upon Board of Education approval.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**SECTION II**

*Section II to be completed by Building Principal.*

1. Are the date(s) requested available? \_\_\_ Yes \_\_\_ No
  - a. If "Yes" go on to question 2.
  - b. If "No" contact organization.
2. Does the Request meet School Board Policy 3513? \_\_\_ Yes \_\_\_ No
  - a. If "Yes" go on to question 3.
  - b. If "No" contact organization.
3. Do you approve this Building Request? \_\_\_ Yes \_\_\_ No
  - a. If "Yes" go on to question 4.
  - b. If "No" sign and date below and return the request to the organization.
4. Is this Request a Class I (School District Related) organization? \_\_\_ Yes \_\_\_ No  
*Note: Class I organizations do not require Board of Education approval.*
  - a. If "Yes" go on to question 5.
  - b. If "No" sign and date below and forward to Business Administrator.
5. Contact appropriate supervisors to determine if staff is scheduled to be on duty. If staff is not scheduled to be on duty, supervisors must provide you with an estimate of fees for this request.
  - a. Estimated Cost: \_\_\_\_\_
6. Are district personnel associated with this request scheduled to be on duty? \_\_\_ Yes \_\_\_ No
  - a. If "Yes" sign and date below and forward request to all supervisors involved.
  - b. If "No" contact organization to inform them of fees associated with their request, go to question 7.
7. Has the organization agreed to the fees for this event? \_\_\_ Yes \_\_\_ No
  - a. If "Yes" sign and date below and forward a copy to the Supervisors involved for scheduling and a copy to the Business Administrator for billing.
  - b. If "No" return request to organization.

\_\_\_\_\_  
Building Principal's Signature

\_\_\_\_\_  
Date

**SECTION III**

*Section III to be completed by Business Administrator.*

1. Contact appropriate supervisors to determine if staff is scheduled to be on duty.
2. Contact organization to inform them that fees for this request will amount to \_\_\_\_\_.
3. Has the organization agreed to the fees for this event? \_\_\_ Yes \_\_\_ No
  - a. If "Yes" sign and date below, forward to Superintendent for approval.
  - b. If "No" return request to organization.

\_\_\_\_\_  
Business Administrator's Signature

\_\_\_\_\_  
Date

**SECTION IV**

Approved  Yes  No

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date

**SECTION V**

Approved by Board of Education  Yes  No

\_\_\_\_\_  
Date

**AGREEMENT**

I have read, understand, and agree to abide by Wattsburg Area School Policy 3513, especially the General Conditions section, regarding the Utilization of School Facilities during the period of use as stipulated in Section I of this form. I acknowledge and agree to the estimated fee of \$ \_\_\_\_\_, and that the Business Administrator, upon completion and inspection of the facility, will invoice me for the actual fees. Also, a non-refundable deposit of 25% of the estimated charges will be required when this agreement is signed, for Class III organizations.

\_\_\_\_\_  
Business Administrator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization Representative Signature

\_\_\_\_\_  
Date