

EA FACILITY RENTAL APPLICATION
Silver Falls School District

Name of Student(s) _____

Student email(s) _____

Student Cell #(s) _____

Name of Event/Program _____

School Requested _____ Facility Requested _____

Start Date: _____ End Date: _____ Start Time: _____ End Time: _____

Estimated # of adults _____ Estimated # of children _____

Describe fully the program/event planned _____

(Use additional space on back of this page if needed)

Name of Advisor _____ Advisor's Signature _____

Name of Mentor _____ Mentor's email _____

Will there be admission charge or collection solicited: (Circle One) Y or N

If so, how much? _____

(see back)

I/We, the undersigned, have received, read, understand and agree to the fee schedule, district policy and rules related to facility use.

Signature_____

Signature_____

Please take note that if you are scheduling an event on an evening or weekend, a custodian may need to be hired to open & secure building, clean and restock bathrooms and/or facility. The charge for custodian is \$25.00/hour. Also, if event results in a sizeable crowd, approved supervision may be required. Additional fees may be required.

For District Use Only

Date approved_____