

INTER-LAKES SCHOOL DISTRICT
BUILDING USE FORM

Event Title: _____ Event Date(s) _____

Event Description: _____

Location:

ILHS

- Auditorium
- Gym
- Cafeteria
- Guidance Conf Room
- Library
- Classroom(s), Rm# _____

ILES

- Conference Room
- Gym
- Multi Purpose Room
- Library
- Classroom(s), Rm# _____

SCS

- Library
- Kitchen
- Multi Purpose Room
- Classroom(s), Rm# _____

Start Time: _____ End Time: _____

Setup Begin Time: _____ Breakdown End Time: _____

Total Duration _____ hours Number of people attending: _____

Organization: _____ Contact: _____

Address: _____

Tel: _____

Email: _____

Certificate of Insurance: _____

(Naming Inter-Lakes School District as additional Insured)

Set-Up Requirements:

- Custodial Needs: _____
- Event Set-Up/ Breakdown: _____
- Door Access: Time to Open _____ Time to Close _____
- Equipment/Technology Needs: _____, ie; Audio, Whiteboard, Stage, Podium etc.

I acknowledge that I have read and agree to the Inter-Lakes School District's Policy #1330, Community Use of School Facilities. (External Use Only) _____

(Signature)