

**LAKEVIEW HIGH SCHOOL
FACILITY USE FORM**

Today's Date:
____/____/____

Contact Person: (Last) _____ (First) _____ (Phone) _____

Address: _____ City: _____ St.: ____ Zip: _____

Name of organization: _____

Event Date(s): _____ Event Time(s): From _____ To _____

Type activity that is planned: _____

Facility to be used:	Cost
____ Athletic Field Football Soccer Track & Field Other _____	_____
____ Auditorium Dressing Room(s) Stage Lobby	_____
____ Band Room	_____
____ Classroom(s) (provide numbers) _____	_____
____ Choir Room	_____
____ Cafeteria A B C	_____
____ Gymnasium	_____
____ Locker Room(s) Male PE Female PE Male Varsity Female Varsity	_____
____ Room 109 (A19)	_____
____ Custodian Required? No Yes From: _____ To: _____ (Includes cleanup)	_____

What equipment or accommodations are requested?

TOTAL COST: _____

Signature of responsible person

Date

Special conditions should be noted below:

Signature of Facility Manager

Date