REQUEST FOR USE OF FACILITIES

REQUESTOR	
Mailing Address	
Phone Number	
Date of Request	
Person Responsible For A	Activity At Time of Use
Name of Organization	
School Related	Non-School Related
Date(s)	Time: FromTo
I am requesting to use: Biggs High	Richvale Biggs District Elementary Office
Multi-Use Room *Custodial or Kitchen Se	Classroom Gymnasium Kitchen * Crvices Required (Describe)
A fee will be charged fo	r custodial services.
*Kitchen facilities are ava A fee will be charged fo	ailable only when authorized school employee is in attendance. or this person.
Items Needed: Podium Tables	Chairs Benches Cafeteria Tables
Other Plea	ase Explain
If a special layout of the tand attach.	floor area is desired please describe on a separate sheet of paper
A key will be issued upor applicable.	n presentation of a signed copy of this form and after payment if
Key # Signate	ure of person Responsible
	Certificate of Insurance Required **
	ficate of insurance is required, approval will be given only upon presentation of a lamount or verification by signature that such certificate has been received and
District as additional insurant Date	URANCE in the amount of \$, naming the Biggs Unified School ared has been received and filed on
	(Business Manager)
Refundable Deposit For If facility is not cleaned	the Use of Facility is Payable in Advance \$
Date	Signature(Principal/Supervisor)
	(1 incipal/oupei visui j

White: Principal/Supervisor Yellow: Business Office Pink: Maintenance/Cafeteria Goldenrod: Requestor