

Pewamo Westphalia Community Schools

Facility Use Request

Completed form must be received 10 or more working days before requested event date. Fill out the form completely & legibly.

INCOMPLETE OR UNREADABLE FORMS WILL NOT BE CONSIDERED

CLIENT INFORMATION

Organization Name: _____

Mailing Address: _____

Contact Name: _____ E-Mail Address: _____

Contact Phone Daytime: _____ Evening: _____

EVENT INFORMATION

Proposed Use: _____

Building Choice: Elementary MS/HS Room/Grounds/Area Choice: _____

Expected No. Persons Attending: _____ Will you be serving/selling food? YES NO

Is there a charge for admission or participation (registration fee, ticket or product purchase)? YES NO

Event Dates & Times – Including Setup and Cleanup

Day	Month	Date	Year	Arrive to Set Up	Event Start Time	Event End Time	Leave Building	Brief Activity Description

If you have a room setup diagram or any additional notes or information to include this information with this form.

Equipment Needs: Please use blanks to list additional items.

ITEM	QTY	ITEM	QTY
Chairs			
Tables, Folding, rectangular			
Tables, Folding, cafeteria-style			
Lectern			
Microphone			

SUBMISSION OF THIS FORM DOES NOT ASSURE FINAL APPROVAL OF YOUR REQUEST. Requesters will be emailed with the final decision and applicable charges.

Functions of the Pewamo Westphalia Community Schools take priority over all other facility uses. Non-school events may be rescheduled or relocated with little or no notice to facilitate school use. Events and activities will not be scheduled on half-days, dead periods and certain breaks.

Some spaces are available for use only by Pewamo Westphalia Community Schools. Gym use is LIMITED December through March.

Requester has read and will adhere to the facility usage policy located on our website.

Signature: _____ Date: _____

Return completed form to the Central Office or email at centraloffice@pwschools.org.

ALL FORMS MUST BE RECEIVED 10 OR MORE WORKING DAYS BEFORE REQUESTED EVENT DATE

Office Use only

Approved Denied Charge for Facility Use _____ Date Paid _____

Approval Signature _____ Date: _____

Copies sent to: Custodian, Building Principal, Technology, AD, Food Service, Maintenance Dept, Auditorium Personnel, Relevant Coaches