



**APPLICATION FOR FACILITY USE**

Required paperwork must be submitted at least 2 weeks prior to desired use. If not received as indicated, the School District has the right to forfeit the reservation.

**Date:** \_\_\_\_\_

**District Staff Member:** \_\_\_ Yes \_\_\_ No

**School/Facility (Check one):**

- \_\_\_\_\_ Columbine Elementary School
- \_\_\_\_\_ Gateway Elementary School
- \_\_\_\_\_ Summit Elementary School

*Note: please use a separate form for each facility requested*

- \_\_\_\_\_ Woodland Park Middle School
- \_\_\_\_\_ Woodland Park High School
- \_\_\_\_\_ Other \_\_\_\_\_

**Purpose For Use:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_  
 (for outside applicants only)

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

EMERGENCY CONTACT INFO	
Name:	_____
Phone 1:	_____
Phone 2:	_____

**Room(s) Requested:**

- \_\_\_\_\_ Main Gym
- \_\_\_\_\_ Cafeteria
- \_\_\_\_\_ Classroom
- \_\_\_\_\_ Commons
- \_\_\_\_\_ North Gym
- \_\_\_\_\_ Media Center
- \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Dates:	Days: (Mon, Tue, etc.)	Time of Use (am/pm)		Time of Event		# of Hours:
		From:	To:	From:	To:	
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Set Up:**  
 \_\_\_\_\_ # Tables      \_\_\_\_\_ # Chairs      \_\_\_\_\_ Podium      \_\_\_\_\_ Microphone      \_\_\_\_\_ Other

Describe any additional set up: \_\_\_\_\_

**SCHOOL USE MAY PREEMPT OTHER USES**

<i>I have read the Woodland Park School District RE-2 Administrative Policies pertaining to facilities use and agree to the provisions for use and to any charges related to that use. I agree to furnish proof of insurance required by the District. I hereby release Woodland Park School District RE-2 from any liability relating to use of District facilities.</i>	
APPLICANT'S SIGNATURE: _____	DATE: _____
BUILDING APPROVAL: Principal's Signature _____	DATE: _____
DISTRICT APPROVAL: Facilities Use Supervisor _____	DATE: _____