

Regional School Unit No. 34  
Facilities Use Request Form

Name of Group: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

Date(s) of Requested Use: \_\_\_\_\_

Description of Event \_\_\_\_\_

Facility Requested: \_\_\_\_\_

Required Set Up \_\_\_\_\_

Required Equipment: \_\_\_\_\_

I \_\_\_\_\_ representing \_\_\_\_\_  
agree to all regulations, fees and charges as outlined in Regional School Unit policy KF,  
Community Use of School Facilities.

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

Building Administrator

// Recommend

// Do Not Recommend

\_\_\_\_\_

Building Administrator

Date

Superintendent of Schools

// Approved

// Not Approved

\_\_\_\_\_  
Superintendent of Schools

\_\_\_\_\_  
Date

SUMMARY OF ESTIMATED FEES/CHARGES:

Rental Fee

\$100.00

// Waived

Estimated Custodial Costs (@ \$35/hr)

Estimated Kitchen Costs (@20.00/hr)

Estimated Equipment Rental

TOTAL ESTIMATED COSTS:

Deposit Amount Required \_\_\_\_\_ Deposit Amount Rec'd \_\_\_\_\_

Rec'd by: \_\_\_\_\_ Date: \_\_\_\_\_

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*For Office Use Only*

Amount Billed:

Date Billed:

Date Payment Received: