Lafayette School District
Facilities Application and Permit

School/Facility Requested: _____ Date applied: _____

Applicant/Organization: _____
Name *Address* *Zip code* *Phone Number*

Officer: _____
Name *Address* *Zip code* *Phone Number*

Contact Email: _____

Purpose for use of facilities: _____

Are fees collected or paid staff used: _____

Expected Attendance:
Adults _____ Minors _____ Total _____

Date(s) Requested	Hours	
	From	To

FACILITIES REQUESTED:	QUANTITY:	EQUIPMENT REQUESTED:	QUANTITY:
❑ Standard Classroom	_____	❑ Chairs	_____
❑ Specialized Classroom	_____	❑ Tables	_____
❑ Gym	_____	❑ Projector	_____
❑ Multiple Purpose Room	_____	❑ Sound Equipment	_____
❑ Library	_____	❑ Public Address System	_____
❑ Fields	_____	❑ Other	_____
❑ Board Room	_____		

_____
Signature (Authorized Agent) Title

For District Use Only

Facilities Assigned: _____

Other Instructions: _____

Personnel Assigned: _____ Number of Hours: _____

Fees: Rent: _____ Other Charges: _____ Total: _____

Site Approval: _____ Title: *Principal* Date: _____

District Approval: _____ Title: *Supt./Dir. Fiscal Serv. or Designee* Date: _____

Received:	***Invoiced:***
❑ **Insurance Certificate**	❑ **Invoice Number** _____
❑ **Fees**	❑ **Invoice Date** _____
❑ **Team Rosters**	❑ **Invoice Amount** _____
❑ **Game Schedules/Practice Schedules**	❑ **Payment Received** _____
❑ **Organizational Rosters**	
❑ **Calendar Posted**	

Copies: **White – *School Office*** **Yellow – *Business Office*** **Pink – *Custodian*** **Gold –*Applicant***

 # 19 *Rev. 8/08*