

FALLBROOK UNION ELEMENTARY SCHOOL DISTRICT
FACILITIES USE REQUEST FROM SCHOOL SITES
FOR SCHOOL FUNCTIONS TO BE PLACED ON DISTRICT CALENDAR

PLEASE PRINT

APPLICANT _____ SITE/DEPARTMENT _____

PHONE/EXT _____ DATE _____

FACILITY REQUESTED _____ TYPE OF FUNCTION _____

DATE(S) REQUESTED _____ TIME _____

NUMBER EXPECTED TO ATTEND _____

SPECIAL EQUIPMENT OR ARRANGEMENTS NEEDED (Be specific: chairs, chairs (how many), AV equipment, sound system, lighting, restrooms, etc..) Please attach diagram set up.

DO YOU NEED A CUSTODIAN? YES _____ NO _____

IF NO CUSTODIAN IS NEEDED, STAFF MEMBER TO BE RESPONSIBLE FOR LOCK UP:

NAME _____ PHONE _____ WORK SITE _____

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF SITE ADMINISTRATOR

DATE

SIGNATURE OF FACILITIES SUPERVISOR

DATE

FACILITIES CALENDAR _____ VACANCY # _____ GROUNDS _____ FIELD USE _____