

**CREEK VIEW ELEMENTARY SCHOOL**

**BUILDING USAGE REQUEST**

**EVENT/MEETING:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**REQUESTED BY:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**INTENDED AUDIENCE:** \_\_\_\_\_

**ROOM/AREA REQUESTED:**

- \_\_\_\_\_ **Principal's Conference Room**
- \_\_\_\_\_ **Counseling Conference Room**
- \_\_\_\_\_ **Cafeteria**
- \_\_\_\_\_ **Classroom #\_\_\_\_\_ Teacher \_\_\_\_\_**
- \_\_\_\_\_ **Counseling Conference Room**
- \_\_\_\_\_ **Gym**
- \_\_\_\_\_ **Media Center**
- \_\_\_\_\_ **Music Suite - Room # \_\_\_\_\_**
- \_\_\_\_\_ **Outside Grounds**
- \_\_\_\_\_ **Other \_\_\_\_\_**

**SPECIAL NEEDS:** (Set up chairs, bleachers, microphone, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE & TIME SET-UP IS NEEDED:** \_\_\_\_\_

**DATE ROOM WILL BE RESTORED TO NORMAL:** \_\_\_\_\_

**SUBMITTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**ADMINISTRATOR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPROVED:**

**NOT APPROVED:**

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**STEPS TO FOLLOW IN COMPLETING THIS FORM**

1. Individual (or group) requesting use of room/area completes form and submits to the principal or assistant principal.
2. After approval, date is entered on master calendar by the secretary.
3. Secretary will distribute copies to the originator of request, custodian, person in charge of the room requested, office binder, and Cathy.
4. Secretary will submit a facilities request for air conditioning or heat if after hours.

**5. Lease Agreement form completed if applicable.**