

APPLICATION FOR USE OF FACILITIES

Rowe Elementary School

Organization_____

Person Responsible_____

Address_____

Phone_____

Date of Request_____

Email_____

Date of Use_____

Time of use: From _____ To _____

Purpose:

Estimated Attendance: _____

Age Group: _____

Facilities requested:

_____ Library

_____ Project Room

_____ Gymnasium

_____ Gymnasium with Stage
(performing events only)

_____ Outdoor Grounds

_____ Cafeteria only

_____ Cafeteria with kitchen for serving only*

_____ Cafeteria with kitchen for preparation
and serving*

I agree to abide by the requirements set forth in the Use of Rowe School Facility Policy and by the Principal. I understand that enforcement of building and ground use requirements is my responsibility and that I am responsible for any damages incurred during the event.

APPLICATION FOR USE OF FACILITIES
Rowe Elementary School

Signed by**: _____

Date: _____

* Requires Certified Serve Safe Personnel on duty

** Must be a Rowe Resident or Rowe School Parent/Guardian

Approval Granted: _____
(Principal)

Route _____ Custodian
 _____ Cafeteria
 _____ Secretary