## TROY SCHOOL DISTRICT #287

## **FACILITY USE REQUEST**

## Submit all copies at least one week in advance- PLEASE PRINT

Mailing Address    Mailing Address	Name	of Organiza	tion						
Mailing Address    NUMBER OR BOX   STREET   CITY   STATE   23P	Name	of Represei	ntative						
Building or Facility Requested  Date(s) and Start/End Times (include preparation and clean-up)  Description of planned activity:  Admission to be charged: \$						FIRST			
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Fee Require: \$Principal (Approval)  SIGNATURE DATE									
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					SIGNATURE		DATE		
Event Confirmation (following approval):	Event	Confirmatio	n (following :	approval):					

DATE

## **Fee Schedule**

Location (each)	First Hour	Additional Hour	Additional Information
Gymnasium	\$50.00	\$50.00	
Cafeteria Dining Area	\$50.00	\$50.00	
Cafeteria Kitchen	\$50.00	\$50.00	Food Service Supervisor or designee must supervise
Field, Parking Lot or other outside areas	\$50.00	\$50.00	
Field, Parking Lot or other outside areas	\$50.00	\$50.00	With restroom access

apply if, in the judgement of the District, on-site supervision or security is required. See Troy School District Policy 1210 for additional information.					
Fee Paid: Amount: \$	Received by:				
etc. Activities charging admission m	use at the school office, with no payment the nush pay ten percent (10%) of gross receipt to tax is added for all recreational uses. How	s at the end of the activity. Shops wil			
	<u>Keys</u>				
Date checked out:	Received by:	TATIVE) PRINT NAME			
Representative					
	SIGNATURE	DATE			
	Office Use				
Specific Key:	Number of keys:				
Date checked in:	Received by:	PRINT NAME			
Representative (returning the	e key)signature	DATE			
	<u>Parking</u>				
No parking on Trojan Drive. P closed except for buses.	arking in main lots only. If school is	in session, the back lot is			
Representative					
1/20/24	SIGNATURE	DATE			