CSD6J FM #129 Rev 6/09	Request to Use School Facility	Clatskanie School District 6J PO Box 678 Clatskanie, OR 97016
Name of organization		
Date(s) of activity: Type or nature of activity:		
Building requested: CMHS CES District Office, area		
Area to b	be used: \Box Classroom(s) Rm #: \Box Kitchen:	Commons: Auditorium:
$Gym(s) \Box CMHS \Box Upper \Box Lower : \Box CES \Box Cardiff \Box Nehalem : \Box OLD MS GYM$		
Athletic Fields: Football Baseball Other Facility:		
Times:	Enter/Setup Program/Activity	Exit
Approximate expected number in attendance		
Purpose	of activity: \Box Fundraiser \Box Community Non-Profit	\Box Public Service \Box For Profit
For whom or what will proceeds be used?		
List equi	pment needed: slide/overhead projector, screen, PA system, o	chairs, tables. Be specific
 The following conditions and/or charges may apply: A district kitchen employee must be present during use of kitchen facilities. If custodial services exceed normal daily duties for any district facility a charge may be levied. Auditorium lights and sound system may only be used by trained personnel, and a charge may be applied. Rates. Custodial Kitchen Other The organization using the requested facility is responsible for clean up and any damage. Final approval will be given by the district administration. The individual signing this request and the organization represented agrees to hold the School District and related personnel harmless from any physical damage or personal injury that may occur due to the use of District property. Keys may be picked up, following final approval, the last working day before the requested activity. Keys must be promptly returned. 		
Print na	meSign name	Phone
Mailing address Date Submitted District Use Only: District Use Only:		
1. Build	ing Calendar Approval (required)	
2. Custo	dialKitchen	Athletic Director
3. Building Principal Approval (required)		
4. District Office Approval (required)		