



Facilities Department

2204 5th Avenue
 Greeley, Colorado 80631
 Phone: 970-348-6405 Fax: 970-348-6430
 Email: district6-facilityuse@greeleyschools.org
 www.greeleyschools.org/facilityuse

Date Received _____

OFFICE
STAMP

FOR OFFICE USE ONLY

Approved _____ Denied _____ Cancelled _____

FS Direct # _____

WO # _____
(if applicable)

Entered onto Sports Sheet: YES N/A

FACILITY USE FORM: *District Use*



Fill out the following information and submit to the School Office Manager.
 Submission of request does not guarantee approval. **Please allow 2 weeks for processing.**
 See District Policy KF – Community Use of School Facilities for additional details.

Today's Date: _____

School/Organization/Department: _____ Contact Name: _____

Phone: _____ Cell Phone: _____

Email: _____

Event Title: _____ Number of People Attending: _____

Event Description:

Requested Location: _____ (Name of school, building or sports complex)

List classroom number or name of room (cafeteria, main gym, aux gym, auditorium, fields, etc) being requested:

Room: _____ Room: _____ Room: _____ Room: _____ Room: _____

Room: _____ Room: _____ Room: _____ Room: _____ Room: _____

Room: _____ Room: _____ Room: _____ Room: _____ Room: _____

Room: _____ Room: _____ Room: _____ Room: _____ Room: _____

Additional Rooms or Field(s) Needed: _____

Start Date: _____ End Date: _____

Setup Arrival Time: _____ Event Start Time: _____ Event End Time: _____ Departure Time: _____

To Be Held: Single Day Weekly Monthly Other: _____

Day(s) Held: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

SET UP NEEDS:

Set up needed No set up needed

Equipment Needs:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Promethean Board | <input type="checkbox"/> Projector | <input type="checkbox"/> Projector Screen | <input type="checkbox"/> Microphone |
| <input type="checkbox"/> Chairs _____
Quantity | <input type="checkbox"/> Tables
(on-site only) _____
Quantity | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Risers _____
Quantity | <input type="checkbox"/> Stage 12" _____
Quantity | <input type="checkbox"/> Stage 24" _____
Quantity | <input type="checkbox"/> Stage 32" _____
Quantity |
| <input type="checkbox"/> Football Equipment <input type="checkbox"/> Soccer Equipment | | (24" and 32" staging come with a set of steps (2)) | |

REQUESTOR'S SETUP RESPONSIBILITY: What the teacher/requestor will be responsible to set up

CUSTODIAL: School, room #/area used, Day(s), Date(s), Time(s), set up needs

GROUNDS: School, Room #/area used, Day(s), Date(s), Time(s), delivery needs, no mowing, no watering, etc

HVAC: School, Room #/area used, Day(s), Date(s), Time(s)

- I have read and understand the terms and conditions as noted in the Facility Rental Guide.

Signature of Agreement of Responsible Person

Date

NEXT STEP: Complete the Facility Use Form and submit to the requested school's Office Manager

Conflicts: Reason: _____ Conflict Dates: _____

Does Not Conflict: *Reminder: No School Dates , Parent Teacher Conferences, Concerts, etc.*

Signature of Principal or Site Administrator

Date

NEXT STEP: Complete this portion of the form and submit to the Facilities Department

**EMERGENCY
 CONTACT
 INFORMATION**

Troy Pettyjohn
(970) 590-6005
Department Manager

Bruce Corbin
(970) 371-5069
Day Foreman

Mike White
(970) 590-1132
Night Foreman

For Facilities Department Use Only:

Approved Denied Cancelled

Field Use - Approved by Grounds Department Manager: _____ N/A
 Kitchen Use - Approved by Nutrition Supervisor: _____ N/A
 Computer Lab Use - Approved by OIT Supervisor: _____ N/A

COPIES TO:

____ Applicant	____ Mech. Maint. (HVAC)
____ Office Manager	____ Grounds
____ Building Manager	____ OIT Dept.
____ Housekeeping	____ Nutrition Dept.

 Facilities Office Signature

 Date