

APPLICATION FOR USE OF SCHOOL FACILITIES
Kennewick School District • Facilities Scheduling Office
1000 W. Fourth Ave., Kennewick WA 99336
(509)222-5211 • FAX (509)222-5131 • Polly.Malone@ksd.org

Name of Organization _____ Date: _____

Person Responsible for Facility Use _____

Business Phone _____ FAX _____ Home Phone _____

E-Mail Address _____

Mailing Address _____

School or Building _____

Facility Needed: Cafeteria Library Classroom
 Kitchen Computer Lab Gymnasium
 Field Other _____

For a single activity on: Day of Week _____ Date _____ 20 _____

For a series of weekly activities on: Mon. Tue. Wed. Thu. Fri. Sat. Sun.
Beginning (date of first meeting) ____/____/____ Ending (date of last meeting) ____/____/____

Monthly meeting (list specific dates) _____

Time duration: From _____ to _____ Time for Main Doors to be Open _____

Time of Event _____ Admission Rate _____ Collection Taken? Yes No

Describe purpose and use of facilities by organization _____

Estimated number of persons to be accommodated in the facilities scheduled _____

Public Address System LCD Projector TV/VCR Tables/Chairs

Other provisions or arrangements _____

I, the undersigned, have read and understand fully the rules and regulations associated with facility use as described on the back or attached to this form. I also understand and agree to pay fully all charges associated with such use within ten (10) days of receipt of invoice from the Kennewick School District.

Representative Signature _____ Date _____

<p><i>For Office Use Only</i></p> <p><input type="checkbox"/> Application Approved <input type="checkbox"/> Evidence of Liability Insurance Received</p> <p><input type="checkbox"/> Application Denied</p> <p>Facilities Coordinator _____ Date _____</p>
