

For office use:
 SCHOOL GROUP
 NON-SCHOOL GROUP
 INSURANCE CERT ATTACHED
 NON-PROFIT CERT ATTACHED

North Star School District Use of School Facilities

Approved by:
 Principal _____ Date _____
 Supt _____ Date _____

Today's Date: _____ Organization name: _____

Date(s) needed: S M T W Th F S _____ Bldg requested: _____ HS _____ MS _____ Elem _____

Reason Needed: _____

Hours needed: from _____ to _____ Additional time is needed for set-up: _____

AREA OF BUILDING / FACILITY NEEDED (Check Area(s) Requested)

**There will be no admittance to any area not checked on the original form.
NO additions may be made to the form after Final Approval.**

Gym Library Lobby Classroom
 Cafeteria/Dining Area Gym bleachers needed? Athletic Facility Playground
 Kitchen *If the kitchen is requested, a cafeteria employee must be on site.
 Auditorium **Will a Sound/Light Technician be required to set up and run the boards for your program? Yes No

***A custodian must be on site for all activities, both during and after school hours.
Applicable fees may be charged to the organization (See reverse side).

(Check Equipment Needed*)

DVD Player VCR Player TV Stage Risers
 Projector Screen Easel Podium Overhead Projectors
 Microphone Speakers Document Proj. Laptop Projector

***In-house tech requests must be documented in Track-It by the requester.** _____
Date entered / Initials

Number of Chairs _____ Number of Tables _____ (Please attach a sketch of arrangement for set-up.)

Other equipment or special instructions: _____

FOR OFFICE USE:

- SCHOOL GROUP is defined as any group directly sponsored by the North Star School District.
- Submit to building principal for approval.
- Superintendent and/or School Board must approve any FOR PROFIT NON-SCHOOL GROUPS that may involve use of facilities fees.
- If fees are anticipated, a completed copy of the request must be filed in the Superintendent's Office.
- Upon approval, form will be returned to building secretary for distribution to appropriate contacts listed below:

Organization _____ Maintenance Supv. _____ Food Service _____ Superintendent _____
 Technology _____ Other _____
(Date) (Date)

