

**CANTON SCHOOL DISTRICT  
FACILITY USE REQUEST FORM**

SUBMIT TO DISTRICT

Groups using the facilities of the Canton School District are requested to treat the facility with respect and to leave the facility in the same set-up as when their activity started. Please note that Canton Schools are smoke-free campuses.

Rev 11/23/2011

<b>ACTIVITY/EVENT INFORMATION (Part 1)</b>	
Date of Activity/Event: _____	Activity/Event: _____
Time of Activity/Event: _____	Start Time: _____ End Time: _____
Facilities/Rooms Requested: (Fee Assessed)	Number of People Expected: _____
<b>High School/Middle School</b>	<b>Lawrence Elementary</b>
<input type="checkbox"/> Classroom(s) per rental per.	<input type="checkbox"/> Classroom(s)
<input type="checkbox"/> Kitchen & Lunchroom	<input type="checkbox"/> Kitchen
<input type="checkbox"/> Lunchroom	<input type="checkbox"/> Multi-Purpose Room (Lunchroom)
<input type="checkbox"/> Commons	<input type="checkbox"/> Jacobson Gym
<input type="checkbox"/> Commons & Stage	<input type="checkbox"/> LMC (Library Media Center)
<input type="checkbox"/> LMC (Library Media Center)	<input type="checkbox"/> Computer Lab
<input type="checkbox"/> Computer Labs	
<input type="checkbox"/> Main Gym	
<input type="checkbox"/> Auxiliary Gym	
<input type="checkbox"/> Concession Stand	

<b>SET-UP INFORMATION (Part 2)</b>	
<b>Equipment Request (set-up fee assessed)</b>	
<input type="checkbox"/> Public Address System	<input type="checkbox"/> Bleachers Pulled
<input type="checkbox"/> Podium	<input type="checkbox"/> Sound System
<input type="checkbox"/> Sports Equipment _____	<input type="checkbox"/> Television
<input type="checkbox"/> Microphones (list what kind) _____	<input type="checkbox"/> Projector
<input type="checkbox"/> Chairs (how many) _____	<input type="checkbox"/> Screens
<input type="checkbox"/> Tables (how many) _____	<input type="checkbox"/> Pianos
<input type="checkbox"/> Kitchen (additional fee is assessed for kitchen staff to be available, if required)	
<input type="checkbox"/> Other Information Needed (use back of form to diagram any special set-up requests)	
<b>Set-up/Take-down requested to be done by:</b>	
<input type="checkbox"/> <b>Responsible party</b> (person who signs as responsible party) Responsibilities of:	<div style="border: 1px solid black; padding: 5px;"> <b>NOTES:</b> _____                      _____                      _____                      _____                      _____                      _____                      _____                      _____                      _____                      _____                 </div>
✓ Set-up/take-down of chairs/tables, if app.	
✓ Trash is put in appropriate receptacles	
✓ Area has been swept	
✓ Appropriate supervision of people involved	
✓ Check all areas upon leaving facility for cleanliness (includes restrooms)	
✓ You are the one that is called if there is anything that is missing or vandalized	
<input type="checkbox"/> <b>Custodial Team</b>	
✓ Set-up/take-down of equipment	
✓ It is still the responsibility of the rental party to leave the facility the way that it was found	

**Responsible Party Information:**

NAME: \_\_\_\_\_ Address: \_\_\_\_\_

PHONE: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

EMAIL: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Responsible Party*

\_\_\_\_\_  
*Date of Request*

**After Part 1 & 2 have been returned and reviewed, then Part 3 – Fee information – will be sent to you. Part 3 will need to be signed, returned with fee included before event will finalized on the calendar.**