JEFFCO PUBLIC SCHOOLS
Building Bright Futures

Jefferson County School District R-1: Building and Facility Use Request Form

Organization:_____
Type of Organization:_____
Contact person:_____
Billing Address:_____
City:_____ State:_____ Zip:_____
Phone 1:_____ Phone 2:_____
Email Address:_____

(An email is now required to send out contracts and permits)

School Name:_____
Room(s)/Field(s) Requested:_____
Purpose:_____
Number of Attendees:_____
Equipment Needed:_____
Will there be a custodian on duty? Y N ____ hours of custodial overtime will be billed to the user.
Will security be required? Y N
Name of approved District staff member responsible for facility if no custodian will be on duty:

_____

Principal/Administrator Signature:_____

Dates and Times Requested

Date	Day	Start Time	End Time
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.
		a.m./p.m.	a.m./p.m.