

Date to Bldg Prin: _____
Date to Mike: _____
Date to Sharon: _____
Copies to All: _____
Changes: _____

LOUISBURG USD 416
PO BOX 550
LOUISBURG, KS 66053

BUILDING USE PERMIT/AGREEMENT

Name of Group: _____ Today's Date _____

Facility type required _____ Date Requested _____

_____ Date Ending _____

List each room needed _____ Hours needed _____

Building employee supervising (If applicable) _____

Purpose of use (Sports, Recital, Meeting, etc.) _____

School equipment to be used (Chairs, tables, kitchen equipment, etc.) _____

Number of people involved _____

1. The use of the building and equipment must be consistent with the general objectives of education in the district.
2. An authorized representative of the group using the school facility will be requested to sign a building permit indicating that all conditions for use of the building will be met.
3. Groups using the building(s) must be personally supervised by a sufficient number of adult sponsors to insure orderly use of the building(s) and equipment.
4. Use of intoxicants or smoking will not be allowed in the buildings at any time.
5. The group using the facilities shall pay for any damage done to the building or equipment or any equipment taken from the building.
6. The **fee** for the use of the facilities shall be \$ _____
(Office Use Only)
7. Any alterations or modifications of existing space must be prior approved by Mike Clevenger.
8. As an authorized representative of the group requesting the use of the building, I hereby agree to the above conditions, and will accept the responsibility for seeing that our group complies with all district policies and regulations.
9. Evidence of current insurance coverage, property and liability, must be maintained on file with the USD 416 District Office.
10. All **West Gym** users must provide a team roster listing names and addresses.

Signature of person responsible for group

Print Name

Address, City, Zipcode _____ Phone # (____) _____

_____ Cell # (____) _____

Email address: _____

Building Principal's Signature

Superintendent's Signature

IF THERE ARE ANY CANCELLATIONS - CONTACT THE CENTRAL OFFICE AT 837- 1700

COPIES TO: Group requesting building Cook of building involved (if applicable)
Principal of building involved Superintendent
Custodian of building involved Assistant Principal

CC: _____, _____, _____, _____, _____