

JEFFERSON PARISH PUBLIC SCHOOL SYSTEM
USE OF FACILITIES REQUEST/APPROVAL FORM

PLEASE RETURN TO:
 4600 RIVER ROAD
 MARRERO, LA 70072-1943

1. Name of school to be used: _____

2. Date and time to be used: _____ FROM: _____ A.M. P.M. TO: _____ A.M. P.M.
 DATE

(The facility will be made available 15 minutes prior to the time indicated for use, and will be vacated 15 minutes after time indicated for end of function.)

3. Description of function to take place: _____

4. Number of persons expected to attend: _____

5. Name of individual and/or organization using facility:
 Name: _____ Organization: _____

6. Name, address, and phone number of responsible individual:
 Name: _____ Address: _____

City: _____ Zip: _____ Phone #: _____ Ext.: _____

7. Area to be used: Auditorium Cafetorium Kitchen Gymnasium Dining Area Library
 Classroom Multi Purpose Room Rooms to Dress Other (describe) _____

8. Will the area used require changing or setting up of other or additional furniture? Yes No
 Chairs Tables Bleachers Other (describe) _____

9. Will other equipment be needed? Yes No
 P.A. System Lighting Stage Lighting A/C Heating Other (describe) _____

10. Other than date and time of function, will other use be required? Yes No
 Decorating Rehearsal Time Setting up for band and/or performance Breakdown following event
 Receipt of deliveries _____ Other - Time Required _____ Date _____

DATE & TIME

(Additional charges will be assessed for use prior to and after date and time of function, for receiving deliveries, and for personnel required to handle certain equipment during the scheduled function.)

11. Police officers must be secured from the Jefferson Parish Sheriff's Office or Municipality in which that facility is located. A copy of the Jefferson Parish Sheriff's Office receipt to employ must be attached to payment when submitted.

12. In the event that approval is given, I agree to comply with all Board approved policies governing use of facilities as outlined in the attached Use of Facility policy.

13. Fees charged for the use of facility must be **PAID IN FULL**, BY CERTIFIED CHECK OR MONEY ORDER MADE PAYABLE TO THE JEFFERSON PARISH PUBLIC SCHOOL SYSTEM, **ONE (1) WEEK PRIOR** TO DATE OF FUNCTION or request will be denied.

 SIGNATURE OF RESPONSIBLE INDIVIDUAL

 DATE

 SIGNATURE OF PRINCIPAL (WHERE APPLICABLE)

USE OF ABOVE FACILITY AT THE TIME INDICATED IS HEREBY <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED.	
TOTAL COST FOR THIS EVENT \$ _____	
_____ DATE	_____ SIGNATURE
SECTION IN BOX TO BE FILLED OUT BY FACILITIES DEPARTMENT	