

BUILDING USE REQUEST

Name of Organization _____

Contact Person _____

Address (if not a school organization) _____

Purpose of Activity _____

Building Requested (circle one) Jr/Sr High School Elementary School

Specific area(s) requested (check all that apply)

<input type="checkbox"/>	Auditorium*	<input type="checkbox"/>	Lobby	<input type="checkbox"/>	LGI
<input type="checkbox"/>	Locker Room(s)	<input type="checkbox"/>	Gym	<input type="checkbox"/>	Cafeteria
<input type="checkbox"/>	Kitchen** (requires district Cafeteria staff be on site) # of Cafeteria staff needed: _____				

Other (please specify): _____

Date(s) requested:	Date	Start Time	End Time
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Special Equipment Needed: _____

Custodian needed? _____ Yes _____ No

Contact Person Signature: _____

Building Principal: _____ ___ Approved ___ Disapproved

Superintendent: _____ ___ Approved ___ Disapproved

- When using a Whitehall Central School District facility, please don't park in the circles.

*Please note there is no food or drink allowed in the auditorium.

**Access to the kitchen, requires district cafeteria staff on-site and your organization will be charged accordingly.

Please see attached page of Guidelines for Building Use

Must supply proof of insurance indicating Whitehall CSD as additional insured, for a minimum of \$1,000,000. Please also provide certificate of insurance for compensation.