



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

***All requests must be submitted directly to the school/facility**

Organization: _____
 Type of Organization: _____
 Contact person: _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell: _____
 Email Address: _____

(All contracts and invoices will be sent via email)

School Name: _____
 Room(s)/Field(s) Requested: _____
 Activity Name: _____
 Number of Attendees: _____
 Equipment/Set up Needed: _____

NOTICE: Field Use Equipment (portalet rentals)
 Rental company name: _____
 Contact person and phone number: _____
Note: Portalets must be secured in place and located away from storm drains.

****PLEASE REVIEW TIME CAREFULLY! ALL TIME WILL BE BILLED WITHOUT 24 HOUR CANCELLATION NOTICE TO THE SCHOOL****
You must also notify General Accounting buildinguse@jeffco.k12.co.us

Dates and Times Requested

Date	Day	Set-Up Time (Optional)	Event Start Time	Event End Time	Teardown Time (Optional)
		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.
		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.

Office use only: _____ Approved _____ Disapproved _____
 Date received: _____ Date entered: _____
 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: _____

Restrictions: _____
 Principal/Administrator Signature: _____