

WEST CANADA VALLEY CENTRAL SCHOOL

FACILITIES USE REQUEST

***\*MUST BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO SCHEDULED DATE TO THE MAIN OFFICE. NON-PROFIT USE ONLY.***

Sponsoring Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\*Date Requested: \_\_\_\_\_ \*Time of Event: from \_\_\_\_\_ : \_\_\_\_\_ AM/ PM  
to \_\_\_\_\_ : \_\_\_\_\_ AM/ PM

*\*There is no charge for the use of our school building. However, activities taking place on days when school is not in session (weekends, holidays and summer evenings) requires a custodian be present. The cost is \$45 per hour.*

Type of Activity: \_\_\_\_\_

➤ Facility Requested: (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> High School Cafeteria | <input type="checkbox"/> Elementary Cafeteria                                 |
| <input type="checkbox"/> High School Kitchen   | <input type="checkbox"/> Elementary Kitchen                                   |
| <input type="checkbox"/> High School Gym       | <input type="checkbox"/> Elementary Gym                                       |
| <input type="checkbox"/> Auditorium            | <input type="checkbox"/> Pool (all lifeguard certifications must be attached) |

☐ Sports Field/ Grounds (specify): \_\_\_\_\_

☐ Other (specify): \_\_\_\_\_

➤ Groups with sponsoring organizations must supply proof of insurance naming West Canada Valley CSD as additional insured, please check one of the following:

- Insurance Certificate: ☐ not needed (no sponsoring organization)  
☐ is being forwarded from insurance company  
☐ is on file at school, term ending \_\_\_\_\_ (date)

\_\_\_\_\_  
Signature of Contact

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of chaperone

\_\_\_\_\_  
Signature of chaperone

\_\_\_\_\_  
Signature of chaperone

--for office use only--

- \_\_\_\_ Kelley Crossett (all facilities)  
\_\_\_\_ Todd Hobin (athletic facilities)  
\_\_\_\_ Shelby Butler (cafeterias, kitchens)  
\_\_\_\_ Scott Bonney (auditorium/stage)  
\_\_\_\_ Nofri, Christine (all elementary facilities)  
\_\_\_\_ Glenn Broadbent (all MS/HS facilities)

- ☐ APPROVED  
☐ DISAPPROVED: reason- \_\_\_\_\_

**DO NOT ROUTE IN SUMMER**

\_\_\_\_\_  
Superintendent's signature