

**Monroe-Gregg School District
Request for Use of Facilities**

Date of request: _____

Organizations must provide proof of insurance coverage before being permitted to use the facility.

	Date	Time	Date	Time
Facility Usage Date(s): _____	_____	_____	_____	_____
& Times _____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(If additional lines are needed, please attach a separate paper with all dates required)

Location / Building: High School _____ Middle School _____ Elementary _____ Outside _____ Other _____
 Specifics & Details of request: _____

(please include all areas you are requesting, cafeteria, gym, restrooms, etc.)

Organization: _____

Name: _____ Signature: _____
 (name of person requesting facility)

Contact Numbers: _____
 (work,, home & cell numbers)

Mailing Address: _____

Payment for Custodial Personnel Will Be Paid by: _____ Total Hours of Facility Use: _____

Name: _____ Organization: _____

Address: _____

Contact Numbers: _____

----- FOR OFFICE USE ONLY -----

Request: Approved / Disapproved _____
 Building Principal

Date Processed: _____
 Athletic Director

Superintendent

Maintenance Director

Payment will be due upon receipt of a bill from Superintendent's Office, stating the amount, time, and date of services performed. Check should be made payable to: Monroe-Gregg School District, Attn: Treasurer.

Employee Assigned: _____ Number of hours worked: _____
 (Federal Law requires overtime payment for employees working over 40 hours per week)

Total Billing Cost: Number of Hours × Usage Rate + Additional Expenses = _____
 _____ × _____ + _____ = _____