



Eastside Union School District

IN HOUSE USE OF FACILITIES PERMIT

Application for One-Time Use

Application for Multiple Uses

Facility to be used _____

Purpose of Meeting _____

DAY OF WEEK	DATE(S) REQUESTED	Time

Equipment Needed

_____ Folding Chairs

How Many? _____

_____ Cafeteria Tables

How Many? _____

_____ Benches

How Many? _____

_____ Public Address System

_____ Table(s)

How Many? _____

_____ Other _____

Notes:

Person in Charge of Activity

Name _____

Address _____

City/Zip _____

Daytime Phone _____

Email Address _____

Person Requesting Activity

Name _____

Address _____

City/Zip _____

Daytime Phone _____

Email Address _____

Specifically describe any district equipment requested: _____

Description of Activity _____

Anticipated number in attendance _____

Will food be served? Yes No

Signature of Person Completing the application _____

Signature of Administrator _____