

Clarinda Community Schools

Facility Request Form

User's Name: _____ Date: _____

Phone: _____ Email: _____

Date Requested: _____

Facility Requested: _____ Food/Beverage Sales: Yes No

Doors Unlocked: _____ AM/PM Until: _____ AM/PM

Special Needs:

--

(Below Info Filled Out by Administration)

The reserving organization agrees to abide by the following instructions:

1. The area of the facility used will be cleaned by the User.
2. The use of tobacco or consumption of alcohol is prohibited on school property. Food and beverages are not allowed in certain areas of the building. All food and beverage sales shall be approved prior to signing the agreement.
3. Weapons of any sort are prohibited on school property.
4. The School administration has the right to refuse or revoke the reservation of the building.

Please see Policy 905.1R3 Fee Schedule

Rental Fee: _____ + Personnel Fee: _____ = Total Fee _____

User Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Date _____ Signature _____	Administration Name: Josh Porter Position: Assistant Principal/Activities Director School Phone: 712-542-5167 Email: jporter@clarindacs.org Date _____ Signature _____
---	---