



545 East Main Street • P.O. Box 210 • Eureka, UT 84628 • (435) 433-6363 fax (435) 433-6643

Facilities Request Form

Date Submitted: _____

Form must be submitted 10 (ten) calendar days before date/dates of use

Contact Name: _____

School: _____

District Employee in Charge: _____

Employee in charge will be responsible for clean-up after activity

Club/Organization: _____

Phone: _____

Email: _____

Type of Activity: _____

Purpose for Rental: _____

Room set up description (ex. number of tables, chairs, classroom setting, etc.): _____

Date(s) Requested: _____

Start Time(s): _____

End Time(s): _____

Preferred Location – 1st Choice: _____ 2nd Choice: _____

Number of People Expected: _____

Sound and Lights: _____

Microphone/Stand _____

Other _____

Will you be charging an admission fee? _____ If so, how much? _____

Will you be earning income/selling items? _____

If so, what products? _____

Signature of District Employee in Charge

Date

Signature of Principal

Date

Signature of Superintendent

Date