FACILITY USE REQUEST

COWAN COMMUNITY SCHOOL CORPORATION FAX: (765) 284-0315 www.cowan.k12.in.us

Cowan Jr/Sr High School, 9401 S. Nottingham, Muncie, IN 47302 Phone: (765) 289-7128, FAX: (765) 741-5954 Cowan Elementary School, 1000 W. Co. Rd. 600 S., Muncie, IN 47302 Phone: (765) 289-7129, FAX: (765) 741-5958

Please complete page one of this request form. Return the form to the appropriate building principal. Please submit this request at least two (2) weeks prior to your event. Allow a minimum of two (2) weeks for acceptance or rejection unless school board approval is required. The superintendent will determine if school board approval is required.

Name of organization:				
Address:				
Person responsible:		Ph	Phone No:	
Facility Requested (be spe	ecific: building, roo	m, etc):		
Function/Intended Use:				
Date and day of the week	requested:			
Opening of facility:	am/pm	Closing of facility:	am/pm	
Approximate number of pe	eople involved:			
Cowan students: Non-Cowan students:		n students:	_ Total:	
Cowan adults:	Non-Cowa	n adults:	Total:	
 No intoxicating be No smoking in sc Organization or pe Parking regulation School employees outside organizati User may be requestimated be 	with cleanup and an everage or drugs or hool buildings. erson making this rans will be obeyed. It is and board memberons. It is to present evidy the school board.	ny litter or mess caused by the school property. equest is responsible for any rs will be permitted access the lence of the purchase of organization.	property damage or loss of equipment to the facility at all times during use by anizational liability insurance to the	
this corporation specifical AGREED to and signed the	ly as a consequence	ommunity School Corporations of permitting access to the day of		
Responsible Sponsor:				

FOR OFFICIAL USE:

Building Principal:				
Recommendation: Approve:	Rejec	t:	Category#	
Rationale for category determination	ı:			
Comments:				
ESTIMATED Charges to Be Asses	sed			
		/hr. =		
•				
Cook @ \$16/HR	hours. =			
Security				
•		/hr. =		
@ \$25/HR- PTO/Boosters/etc.				
Other:				
Liability Insurance:				
TOTAL CHARGES:				
DEPOSIT REQUIRED: Yes	No	Amount:		
_				
Date:				
		Principal		
*********	*****	-	**********	***
Superintendent Approval is requi	red for any no	on-school group or	when any fee is being char	rged.
<u> </u>				
This request is hereby	approved		rejected.	
This day of		,20		
·				
		Superintendent		
Any charges assessed are due to the or hand deliver to the Corporation T		unity School Corpo	ration by	. Please mail
Payment received:		Amount:		
Remaining applicable fees will be be	illed following	conclusion of ever	nt when exact fees are detern	nined.
Copies:		Attachment:	Pr D (Administrative Cuidelin)	
Head Building Custodian Maintenance Director		PKUPEKTY /510A &	& B (Administrative Guidelines)	
Building Principals				
Corporation Treasurer (when fee User	es are assessed)			