



SAEL FACILITY USE APPLICATION

Today's Date: _____

Name of Organization: _____

Non Profit Organization? Yes No If Yes, Tax Payer ID#: _____

Contact Person's Name: _____

Address: _____

Phone #: _____ Email: _____

Type of Activity: _____

Facility Use Requested: Classroom Auditorium Kitchen Basketball Courts Field

Date(s) of Activity*: _____ # of Attendees: _____

**Daily and/or Weekly events will be subject to a \$350.00 refundable security/cleaning deposit.*

Set Up and Ending Times: _____ Hours of Activity: _____

Open to Public? Yes No Fees Involved? Yes No Admission Charge: \$ _____

Do you need Tech help?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are food or beverages being served?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are decorations being used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have special needs such as chairs or tables?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name and Title of Authorized Representative: _____

Signature of Authorized Representative: _____ Date: _____

***** **FOR OFFICE USE ONLY** *****

Payment Received? Yes No Date: _____ Insurance Approved? Yes No

Flyer Received? Yes No Date: _____ Paperwork Complete? Yes No

Custodial Fee? Yes No #Hrs: _____ Estimated Cost: \$ _____ Assigned To: _____

Kitchen Fee? Yes No #Hrs: _____ Estimated Cost: \$ _____ Assigned To: _____

Tech Help? Yes No Assigned To: _____

Special Needs? Yes No Chairs? Yes No #: _____ Tables? Yes No #: _____

Approved? Yes No Date: _____ Date Scheduled on SAEL Calendar: _____

Signature of Principal or Designee: _____ Date: _____