



**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: \_\_\_\_\_