

EMPLOYEE ONLY (During Regular School Hours)

Request to Use: Buildings, Grounds and/or Equipment

Complete form prior
to printing

DIRECTIONS: Any employee wishing to use a building, room and/or equipment must fill out this form and file it with the principal of the applicable building at least seven days prior to your event. This form must be filled out as complete as possible and signed by the requester. After review by the Principal involved, you will be notified of their decision. ***This form is only to be used by employees and only for employee use. It is not for an employee to request on behalf of an outside entity. Acceptable use, to be approved using this internal form, must pertain to Canton Area School District and is during regular school hours. TO AVOID CONFUSION, PLEASE BRING YOUR APPROVED COPY OF THIS FORM WITH YOU ON THE DATE OF YOUR EVENT.**

RULES/REGULATIONS FOR USE OF BUILDINGS, GROUNDS AND/OR EQUIPMENT:

- * Requests are on a first come - first serve basis
- * The district retains the right to refuse the use of any property or equipment
- * All users are responsible for reasonable clean-up
- * Smoking and/or alcoholic beverages are not permitted anywhere in or around either buildings or grounds
- * There is to be NO LATEX OR LATEX PRODUCTS on district property

Requester's Name: E-mail Address:

Name & Purpose of Activity:

Date(s) of Use: Approximate Time of Use: Begin End

Date & Time of Final Event:

Property and/or Equipment Requested High School Elementary School Equipment Only

Room(s) To Be Used:

Grounds To Be Used:

Equipment Requested: Laptop Computer Projector Projector Screen
 Microphone Risers Podium
 DVD Player Lighting Assistance Internet ACCESS (Requires Laptop Request)
 Other (Tables, Chairs, Etc)
Please be specific

Use this area to list any special requests or additional information:

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Principal Approval: Yes No Display use on District Wide Calendar Initials _____ Date _____

Business Manager Approval: Yes No Conditions: _____ Initials _____ Date _____

EMS Scheduler: Available as requested: Yes No Initials _____ Date _____

Event # If No, Explain Conflict
