

**Polo Community Unit School District #222**  
**Request for Use of School Facilities**

Name of organization making the request: \_\_\_\_\_

Facility Requested: Check all that apply

- |                           |       |                            |       |
|---------------------------|-------|----------------------------|-------|
| Centennial Community Room | _____ | High School Classroom      | _____ |
| Centennial Gym            | _____ | High School Fitness Center | _____ |
| Centennial Locker Room    | _____ | High School Kitchen        | _____ |
| Centennial Kitchen        | _____ | High School Cafeteria      | _____ |
| Centennial Cafeteria      | _____ | High School Gym            | _____ |
| Aplington Gym             | _____ | High School Locker Room    | _____ |
| Aplington Locker room     | _____ |                            |       |
| Aplington Classroom       | _____ |                            |       |

Other: \_\_\_\_\_

Date(s) facility requested: \_\_\_\_\_

Time facility will be used on the date(s) requested: \_\_\_\_\_

Describe briefly the type of activity planned: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will there an admission charge: \_\_\_\_\_ If so, how much? \_\_\_\_\_

Please list the person who will have responsibility for making arrangements for the requested activity as well as supervision during the activity, and cleaning up afterward.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail bill to: \_\_\_\_\_

Address: \_\_\_\_\_

**To Be Completed By Office:**

Date approved: \_\_\_\_\_ Superintendent: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

Copies to: \_\_\_\_\_

Bill sent: \_\_\_\_\_ Payment Received: \_\_\_\_\_