

Facility Use Authorization

School District Sponsored Activity

Date (s) of the Event: _____

Day of Week: _____

Time of Day: _____

Description of the Event: _____

Ages Attending: _____

Sponsored by: _____

Other Supervisors/Chaperones: _____

Authorizations

Events are not authorized until all signatures are in place.

Principal _____

Administrative Assistant _____
(entered into facility use calendar)

Business Manager _____