

## 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: \_\_\_\_\_

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### Authorizations

*Events are not authorized until all signatures are in place.*

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Principal \_\_\_\_\_

Administrative Assistant \_\_\_\_\_

*(entered into facility use calendar)*

Business Manager \_\_\_\_\_

