

2025-2026 SCHOOL PROGRAMS ONLY

WCS Teacher - Staff Request for Use of Facilities

(Community organizations complete the facility form specified for community organizations.)

****Please fill form out in its entirety**Do not leave anything blank****

Central Office Use

ID Number: _____

*****SUBMIT FORM TWO WEEKS PRIOR TO EVENT*****

School to be Used: _____

Type of Function: _____

Expected Attendance: _____

Name of Department - Club -
Sport requesting use: _____

Fund Raiser?

Yes - If so, what fund? _____

No

Room or Area(s) Requested:

For classrooms, please indicate SPECIFIC ROOM NUMBERS

*****Required for Energy
Management &
Custodial*****

- Auditorium
- Cafeteria (seating area only)
- Commons
- Gym
- Auxiliary Gym (High Schools Only)
- Library
- Classroom(s)-**ROOM NUMBER (#)** _____

Other (indicate room #): _____

Kitchen (This includes the serving line area and main kitchen. If the kitchen is to be used, a kitchen staff member must be present during the entire time of the event. The cost for this person will depend on the school site.)

Day(s) & Date(s): _____

Day(s) S M T W TH F ST

(You may attach a specific schedule for your convenience.)

Time Activity (Event) Will

Begin: _____

AM

PM

Time Event Will End: _____

AM

PM

Custodial Help Needed: _____

Custodial fees may be necessary at any time, especially for large events or Saturday & Sunday use.

If the school system receives invoicing for additional services related to this use of facilities,
I agree to pay the additional service fees incurred for this event.

Teacher/Sponsor must be employee of WCS with a WCS e-mail address.

Teacher / Sponsor Name:

Do not sign - *PRINT ONLY*

Phone Number: _____

E-mail: _____

Principal's Signature: _____

Date _____

After Principal has approved for availability, **e-mail** completed paperwork to:
LENNY RAMIREZ - FACILITIES DEPARTMENT / CENTRAL OFFICE
E-mail: LeonardoR@wcs.edu

Central Office - Event falls within policy guidelines with sufficient insurance for use

Date: _____