

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:

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

For classrooms, please indicate SPECIFIC ROOM NUMBERS

☐

Auditorium

☐

Cafeteria (seating area only)

☐

Commons

☐

Gym

☐

Auxiliary Gym (High Schools Only)

☐

Library

☐

Classroom(s)-**ROOM NUMBER (#)**

☐

Other (please indicate area):

☐

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

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M

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T

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W

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TH

☐

F

☐

ST

☐

**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.

Other Information or Special
Instructions:

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: