

OFFICE USE	
C.O. _____	<input type="checkbox"/>
FIELDS _____	<input type="checkbox"/>
HS _____	<input type="checkbox"/>
MS _____	<input type="checkbox"/>
LN _____	<input type="checkbox"/>
WW _____	<input type="checkbox"/>
_____	<input type="checkbox"/>

West Geauga Local School District
Office of the Superintendent
Chesterland, OH 44026

N^o

APPLICATION FOR USE OF PUBLIC SCHOOL BUILDINGS

Monday through Friday all groups must vacate building premises by 10:00 p.m.

Please Print

ORGANIZATION INFORMATION

Date of Application: _____

Dates of Event: _____

Program/Event Title: _____

Organization Name: _____

Name of Person _____

In Authority: _____

Mailing Address: _____

Phone # Day: _____

Phone # Evening: _____

Start Time: _____ AM PM

End Time: _____ AM PM

Actual Time

Event Starts: _____ AM PM

Number of Persons to Attend: _____

Gymnasiums

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> HS WEST (#501) | <input type="checkbox"/> MS Main |
| <input type="checkbox"/> HS EAST (#502) | <input type="checkbox"/> MS Auxiliary |
| <input type="checkbox"/> WW | <input type="checkbox"/> LN |

Cafeteria

- HS MS WW LN

Kitchen (supervision required)

- HS MS WW LN

Classrooms

- | | |
|--|--|
| <input type="checkbox"/> HS Room # _____ | <input type="checkbox"/> WW Room # _____ |
| _____ | _____ |
| <input type="checkbox"/> MS Room # _____ | <input type="checkbox"/> LN Room # _____ |
| _____ | _____ |

Athletic Fields - North Practice Fields

- #6 #7 #8 #9

Baseball / Softball / Soccer / Stadium Fields

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> BaseB - #2 | <input type="checkbox"/> SoftB - #3 | <input type="checkbox"/> SoftB - #4 |
| <input type="checkbox"/> Howell Stadium - #1 | <input type="checkbox"/> WW Baseball Fields | |
| <input type="checkbox"/> Lions Field - #5 | <input type="checkbox"/> WW Soccer Field | |
| <input type="checkbox"/> Utility Practice Field - #10 | <input type="checkbox"/> LN Soccer Field | |
| <input type="checkbox"/> Tennis Courts | <input type="checkbox"/> LN Baseball Fields | |

Middle School Community Room

Central Office Supt. Conference Room

Please have available for use during our meeting the following:

- | | | |
|--|---|---|
| <input type="checkbox"/> Podium | <input type="checkbox"/> Microphone | <input type="checkbox"/> Chairs # _____ |
| <input type="checkbox"/> Garbage Cans | <input type="checkbox"/> Bleachers pulled | <input type="checkbox"/> Tables # _____ |
| <input type="checkbox"/> Seniors/Disabled - floor seating required | <input type="checkbox"/> Overhead Projector | <input type="checkbox"/> Other _____ |

I will be serving refreshments: Yes No

I am a representative of a: Non-Profit Organization For-Profit Organization

REQUESTOR COMMENTS: _____

BOE COMMENTS: Fee \$ _____ Payment Due Upon Billing

CUSTODIAL COMMENTS _____

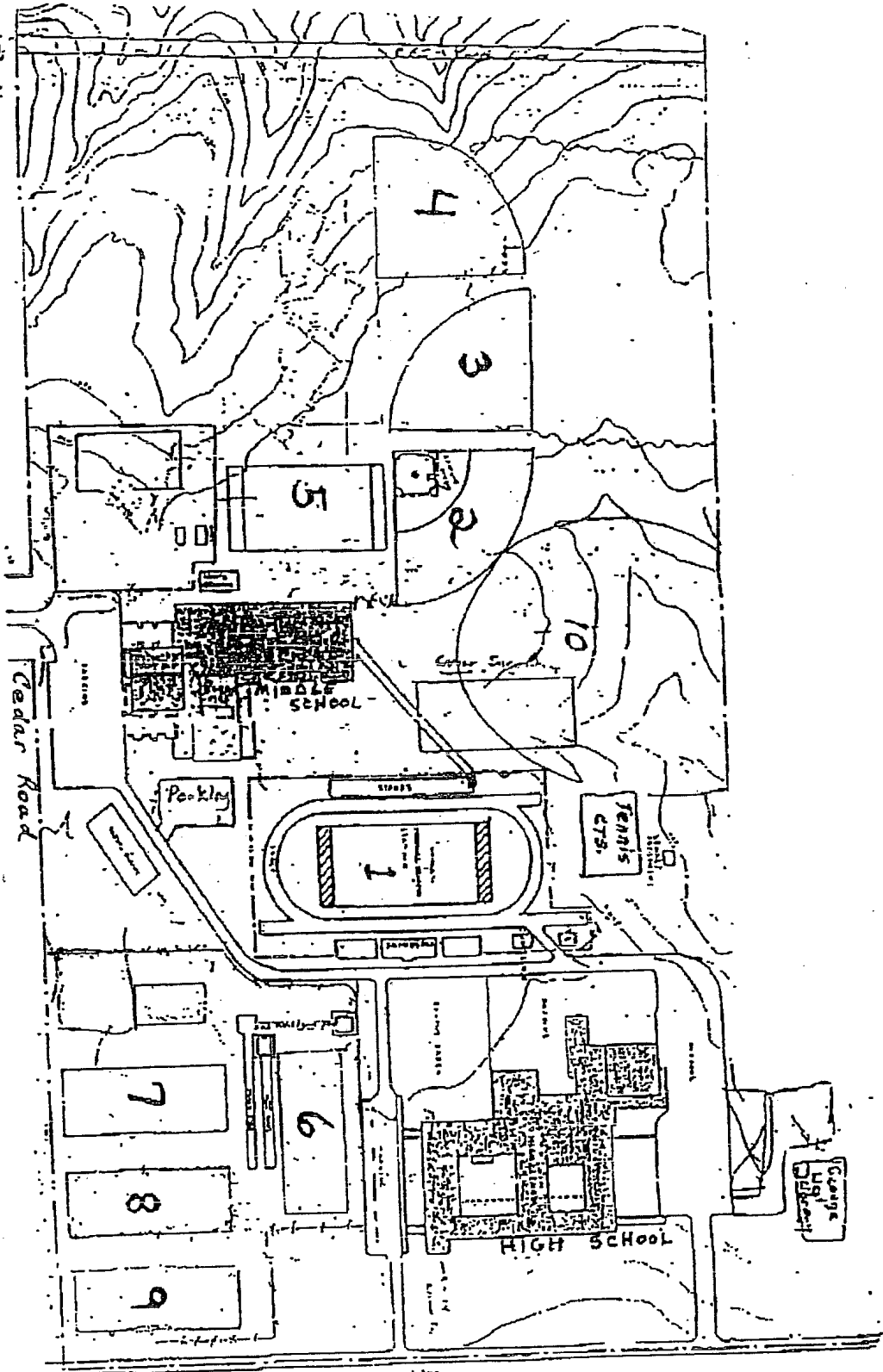
If permission is granted, we hereby agree to comply strictly with the rules and regulations of the Board of Education governing the use of public school buildings as set forth in the regulations attached hereto. Proper ADULT supervision is required at all times.

Signature of Person in Authority: _____ Date: _____

Signature of BOE Representative _____ Date: _____

FIELDS MAP ON REVERSE

HIGH SCHOOL AND MIDDLE SCHOOL ATHLETIC FIELDS



RT. 306