

MADERA UNIFIED SCHOOL DISTRICT

Facilities Planning Department • Phone (559) 675-4548 • FAX (559) 675-4608

Approved: ☐ Yes ☐ No

DISTRICT FACILITY USE REQUEST

Name/Department: _____

Email: _____ Phone: _____

School Site Requested: _____ Facility/Rooms Requested: _____
(Please list each room desired)

Will kitchen or Snack Bar be used ☐ Yes ☐ No Start Time: _____ AM / PM End Time: _____ AM / PM
(Times should include arrival to departure time)

A District assigned Child Nutrition staff member will be assigned for kitchen use.

Type of Activity/Meeting: _____ Estimated Number Attending: _____

Single Date requested: _____ Start Time: _____ AM / PM End Time: _____ AM / PM
(Month/Day/Year) (Times should include arrival to departure time)

Recurring Schedule - Start Date: _____ End Date: _____
(Month/Day/Year) (Month/Day/Year)

Start Time: _____ AM / PM End Time: _____ AM / PM
(Times should include arrival to departure time)

☐ Weekly ☐ Monthly: ☐ Mon ☐ Tues ☐ Wed ☐ Thur ☐ Fri ☐ Sat ☐ Sun Notes: _____

Multiple Dates and Times:

Special Set-up Needs or Instructions (audio, video, tables, chairs, etc.):

Signature: _____ Date: _____

DISTRICT USE ONLY

Facility Available ☐ Yes ☐ No Site Administrator: _____ Date: _____

Custodian: ☐ Open/Close ☐ Duration of Event Security: ☐ Yes ☐ No # of Officers _____ Times: _____

Custodian: _____ Security: _____

Facility Director: _____ Date: _____