

In-House Facility Use Application

BEFORE AND AFTER SCHOOL USE BY DISTRICT EMPLOYEE/PTSA REPRESENTATIVE

Issaquah School District No. 411
Attn: Facility Use Scheduler
565 N.W. Holly Street
Issaquah, WA 98027-2899

Date received by District: _____

Phones: 425-837-7127
Fax: 425-837-7614

PLEASE SUBMIT AT LEAST TWO (2) WEEKS IN ADVANCE

Please complete and mail inter-district to the Facilities office. A Reservation Confirmation will be e-mailed.

SCHOOL: _____ Today's Date: _____

ROOM (S): _____

Have you checked the ISD website for Feeder School Conflicts? _____ Yes _____ No

Please list ALL requested dates (attach sheet if necessary):

Circle day(s) of the week: M T W TH F S SU

Actual Time of Event: _____ to: _____

Time entering building (setup): _____ Time leaving the building (cleanup): _____

Type of Meeting/Activity: _____

Number of Adults: _____ Number of Children: _____ Age of Participants: _____

Is food being served?: _____ Yes _____ No Is access to the kitchen needed?: _____ Yes _____ No

Setup needs: # of chairs: _____ #of tables: _____ (which kind?): _____

P/A system: _____ piano: _____

Additional requests: _____

Please indicate type of setup (row seating, u-shape, tables/chairs, etc.): _____

Please diagram the setup if custodian help is needed:

PLEASE PRINT:

Your Name: _____ Dept.: _____

Day Time Phone: _____

E-Mail Address: _____ Cell: (_____) _____