## APPLICATION FOR THE USE OF PUBLIC SCHOOL (USD 259) FACILITIES BY COMMUNITY GROUPS

Please type or prin	nt.			
Mr. Mrs. Ms.	Last Name		First Name	Middle Initial
Address		City State		Zip Code
Date of Application		Office	Telephone	Cell/Home Telephone
E-Mail Address: _				
Name of organiza	ation requesting use of school f	facilities:		
Briefly state the p	ourpose of the organization: _			
List the first choice	ce of school building or site yo	ou wish to use:	List	second choice:
Explain briefly the	e program or activity for which	h the facility is to be used	:	
	eart or parts of the building to be		-	
List requested dat	e or dates (be specific):			
List requested hou	urs to be used (be specific): _			
Will foods or beve Approximately ho	quipment you wish to use:erages be served or sold at this ow many people do you expect admission will be collected (ad	s activity? Yes [	No[] Admission Charge f	
	fering be received? Yonation box, collection plate pa	Yes [ ] No [ ] ssed, etc.)?		
Explain briefly ho	ow the proceeds from this activ	vity will be used:		
REGULA'				Ill hereby agree to comply with Y GROUPS as printed on the
Signature of Perso	on Authorized to Sign Applica	tion		
Please sign and re	eturn this application to:	Cindy David, Prope Unified School Dis 903 S. Edgemoor –	trict No. 259 Rm. 207	

316-973-4558

Retain a copy for your records.