

**DODDRIDGE COUNTY SCHOOLS
USE OF SCHOOL/COUNTY FACILITIES**

REQUEST FOR USE OF FACILITIES

Name of group making request _____ Date _____

Person submitting request _____

Mailing Address _____

Name of responsible person(s) _____

Name of Board Employee/Designee Supervising _____

Type of Activity _____

Facility Requested _____

Date(s) Requested _____

Time(s) _____

Priority Type _____ #1 _____ #2 _____ #3 (Check One)

Signature of responsible person _____

Approval of request (building principal) _____ Date _____

Approval of request (Athletic Director*) _____ Date _____

(*Only when request pertains to sporting event or use of the gym.)

Approval of request (Superintendent _____ Date _____
for Priorities #2 and #3)

Denial of Request(s) _____ Date _____

Proof of Insurance provided for Priority #2 and #3 _____

Custodial Services: _____ Needed _____ Not Needed (Check One)

This completed form is to be returned to the building principal for his or her approval. This request will then be submitted to the Superintendent to be submitted to the Board of Education. The building principal will then notify the requesting party of approval or rejection.

Adjustments to the schedule are a necessity for inclement weather, holidays, or anytime when school is closed early. Therefore, by checking, I am aware that that all activities scheduled in any Doddridge County Board of Education facility will be cancelled in the event of a school cancellation or dismissal, for any reason.

Requestor's Signature

Date