



SCHOOL & COMMUNITY RELATIONS
Charlotte County Public Schools
1441 Tamiami Trail, Suite 365
Port Charlotte, FL 33948
941-255-7430

Request for Facility Use

Date of Request: _____

____ Level I Non-Profit Youth/School
 ____ Level II Non-Profit Adult

1. This is to request the use of _____ School's facility/room: _____
School Name (field, room number, café, etc.)

Number of Participants _____ Activity Description: _____

2. It will be used from: _____ a.m. _____ p.m. until _____ a.m. _____ p.m.

on the following day(s) of the week: Sunday Monday Tuesday Wednesday Thursday Friday Saturday
 (please circle those that apply)

Weeks per month : (please circle) 1st 2nd 3rd 4th All

3. The class, activity, program would (school holidays excluded) Begin on: _____
Month Day Year

End on: _____
Month Day Year

4. Club or organization: _____ Officer's Name: _____

Title: _____ Telephone: _____ (home) _____ (office)

Address: _____
Street City State Zip

On site supervisor: _____ Telephone: _____

5. Additional Considerations: _____

Charlotte County Public Schools Are Smoke-Free Facilities.

Insurance: Circle One Covered By School Insurance Self-Insured Government Agency Private Insurance
 Copy Must Be Attached

I acknowledge that I have received a copy of School Board Policy (Facility Use and Fees) and a copy of the Administrative Guidelines for Facility Use. Signature of Authorized Representative: _____

 Authorized Club Representative Date

 School Center Principal Date

 School Activity Manager Date

 Program Manager – Community Education Date

Copy of Distribution: White/Community Education Department Canary/School Activity Manager Pink/Principal Gold/Authorized Club Representative