

**COLLINSVILLE COMMUNITY UNIT SCHOOL DISTRICT #10**

**REQUEST FOR FACILITY RENTAL**

Name of group/individual requesting rental: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Description of group/organization: \_\_\_\_\_

\_\_\_\_\_

School Campus requested: \_\_\_\_\_

Date (s) requested: \_\_\_\_\_

Hours Requested (List each day): \_\_\_\_\_

Type of Activity     Fund Raising     Non-Fund Raising

Description of Activity/Event \_\_\_\_\_

\_\_\_\_\_

Anticipated number of:    Participants \_\_\_\_\_    Spectators \_\_\_\_\_

Will an admission fee be charged?     Yes     No    If yes, how much? \$ \_\_\_\_\_

Facilities Requested:  Gym     Multipurpose Room     Lunchroom     Classroom

Auditorium (For auditorium use the Technology Department MUST be contacted to determine needs). Additional charge for ANY auditorium use.

Kitchen     Grounds \_\_\_\_\_     Athletic Field \_\_\_\_\_

PA system     Athletic Field Lights

Identify other equipment or special set-up requirements:

\_\_\_\_\_

\_\_\_\_\_

**Request for Facility Rental**

Will concessions be sold?     Yes     No

