



Horseshoe Bend School District #73

Facility Use Request Form

Organization _____

Responsible Individual _____

Phone # _____

Facility Needed _____

Date of Event _____

Time of Event _____

Description of Event _____

Description of Needs (tables, chairs, bathroom access, etc...)

By signing below, I agree to pay for any damage to buildings, equipment or grounds and waive any and all rights to recovery from the Horseshoe Bend School District for any injuries or damages resulting from the use of the facilities.

Signature of Responsible Individual _____

Submit completed form to Superintendent.

To be completed by Superintendent or designee.

Approved _____ Denied _____

Superintendent Signature _____ Date _____