

Request for Use of the Building

Otselic Valley Central School

_____ Elementary

_____ High School

Name of organization/group making request: _____

Date requested: _____ Room requested: _____

Time: from _____ to _____ Is a custodian needed: Yes _____ No _____

_____ Date: _____
If school sponsored activity – AED Certified Person Signature

_____ Date: _____
Signature of Organization/Group Representative

_____ Date: _____
Signature of Building Principal

Approved _____ Disapproved _____

**Outside Organizations – Certificate of Insurance must be furnished.

White: Office

Yellow/Pink: Building Supervisor/Custodian

Gold: Organization Making Request