

FLORIDA UNION FREE SCHOOL DISTRICT

REQUEST FOR USE OF BUILDING/FACILITIES

(All requests must be made a minimum of two days prior to event)

PERSON MAKING REQUEST _____ PHONE # _____

ORGANIZATION _____

ADDRESS _____

REASON FOR REQUEST _____

_____ No. of persons participating _____

BUILDING: _____ USE OF WHAT ROOM(S) _____

(If requesting to use the kitchen, please fill out reverse of this form)

DATE OF USE: _____ TIME OF USE: FROM: _____ TO: _____

OTHER EQUIPMENT REQUESTED: _____

A CERTIFICATE OF INSURANCE IS ATTACHED Florida Union Free School District is named as additional insured with respect to all functions and activities to be held by _____

This application is submitted to you for your approval. If approved, the organization assumes full responsibility for the care of equipment and the building. We also understand that if any equipment is missing, we may be held responsible to replace the items(s). In addition, unless waived, we are responsible for custodial (cleaning) and supervisory expenses.

_____ Date _____ Signature

TO: CUSTODIAN

The _____ building has been requested for use by _____ on _____

Rooms to be used will be _____

Person(s) in charge of supervision is _____. Please inform cleaning crew.

_____ Date _____ Custodian

Approval of Building Administrator

Permission is hereby granted for use of the building and equipment. (GH: Log/Calendar Entry Required) (SSSI: Log Entry Required)

Fee _____ Other Charges _____

Explanation of fee/charges _____

_____ Date _____ Principal's Signature

Building Use Log Book/Calendar Entry

BUILDING USE LOG BOOK ENTRY: _____
Date Signature

KITCHEN REQUEST SHEET

DATE: _____ DATE REQUESTED: _____ TIME: _____

ITEM REQUESTED	AMOUNT NEEDED	AMOUNT RETURNED
1. _____ DOUBLE DOOR STAINLESS REFRIGERATOR		
2. _____ ICE CREAM FREEZER		
3. _____ CHEF KNIFE	_____	_____
4. _____ SERRATED KNIFE	_____	_____
5. _____ PARING KNIFE	_____	_____
6. _____ METAL TURNING SPATULA	_____	_____
7. _____ RUBBER SPATULAS	_____	_____
8. _____ 2 OZ. LADLE	_____	_____
9. _____ 4 OZ. LADLE	_____	_____
10. _____ SERVING SPOONS	_____	_____
11. _____ 100 CUP COFFEE URN	_____	_____
12. _____ 60 CUP COFFEE URN	_____	_____
13. _____ METAL WHISKS	_____	_____
14. _____ ICE CREAM SCOOPS	_____	_____
15. _____ METAL TONGS	_____	_____
16. _____ PLASTIC TONGS	_____	_____
17. _____ PEELER	_____	_____
18. _____ VASES	_____	_____
19. _____ SALT & PEPPER SHAKERS	_____	_____

NOTE: PLEASE DO NOT TRY TO PRY OPEN ANY LOCKED DRAWERS. ANY ITEMS REQUESTED WILL BE LEFT IN A SPECIFIED SPOT. PAPER PRODUCTS ARE NOT INCLUDED IN THE USE OF THE KITCHEN.

* * * * *

I PROMISE

TO RETURN ALL BORROWED ITEMS TO THE CAFETERIA THE FOLLOWING DAY. I WILL PAY FOR THE REPLACEMENTS OF ANY ITEM DAMAGED OR LOST.

TO REPLACE ANY ITEMS THAT ARE MOVED AROUND DURING USE.

TO RE-PLUG ANYTHING UNPLUGGED DURING USE OF THE KITCHEN.

ALL UTENSILS, COUNTER TOPS, SINKS, REFRIGERATORS AND EQUIPMENT USED WILL BE WASHED AND WIPED DOWN.

ALL FLOORS WILL BE SWEEPED AND GARBAGE CANS EMPTIED INTO DUMPSTERS.

ALL FOOD AND NON-FOOD WILL BE REMOVED FROM THE CAFETERIA'S REFRIGERATORS OR FREEZERS. (NO LEFTOVERS).

I WILL PAY A MINIMUM CLEANING FEE OF \$50.00 FOR ANY GROSS CLEANING VIOLATIONS.