

De Soto Area School District – Middle/High School Facility Use Request Form

Facility requesters are required to read and be responsible for the guidelines noted on this form. Providing information on this form, or communicating by any other means, does not guarantee the request is approved. Approved request forms will be dated and signed by the Building Principals.

Contact Person _____ **Phone (work)** _____ **(home)** _____

Email Address _____

Address _____
 Street _____ City _____ State _____ Zip _____

Event Title _____ **# of Participants** _____

Description of the Activity _____

Event Start Date & Day _____ **Event End Date & Day** _____

If multiple dates, list **ALL** dates _____

Event Start Time _____ A.M. P.M. **Event End Time** _____ A.M. P.M.

***If you need to setup prior to the event start time indicate the setup start time here. _____

Building and facility areas. Please check the area(s) of the building you are requesting.

De Soto Middle/High School	
Old Gym	Cafeteria
New Gym	Kitchen
Classrooms	MS Commons
LMC	Wrestling Room
Computer Lab 4	Old Locker Room Boys
Computer Lab 5	Old Locker Room Girls
Ag Kitchen	New Locker Room Boys
Ag Room	New Locker Room Girls
Stadium Concessions Stadium	Strength & Conditioning Ctr Conference Room
Football Field	
Practice Field	
Track	

Middle/High Fine Arts Stage	
Stage	Microphone
Stage Lights	Screen
Spot Lights	Projector
Gym Lights	
Piano	Screen
CD Player	Podium
DVD Player	TV/DVD
Tables	Serving Table
Chairs	

Prairie View Elementary	
Gym	Music Room
Cafeteria	Bathrooms
*Kitchen	Playground
Classrooms	Field
Computer Lab	Parking Lot
LMC	
Music Room	

Stoddard Elementary	
Gym	LMC
Cafeteria	Music Room
*Kitchen	Bathrooms
Classrooms	Playground
Computer Lab	Softball Field
	Parking Lot

Specific setup requests: _____

-Fees noted below are an estimate based on the information provided above. The actual costs will be charged after the event has concluded and all accountings are made. Please see the School Board Policy for requirements, and liabilities.

Activities Office Use Only					
Estimated Costs:		Facility Fee	\$	Custodial Fee	\$
Other Fees	\$	Food Service Fee	\$	Equipment Fee	\$

Approved By (Building Principal) _____ Date _____