

REQUEST FOR USE OF CAFETERIA FACILITIES

Name of organization or individual _____

Facility requested: Dining Room _____ Kitchen _____ Both _____

School requested: _____

Date of use: _____

Time of use: _____ **(Time must be 3 hours or less, unless prior arrangements are made—See regulation #8)**

Describe below the activity that will be conducted:

Name of cafeteria worker who will be present: _____

I, _____, have read and understand the policy and rules governing the use of cafeteria facilities and agree to the policy and rules. I am authorized to sign for the group. A minimum payment of **\$200.00** must be made to the principal’s office at the time this request is made.

Signature of Individual or Group Representative	Date
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Signature of Cafeteria Manager	Date
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Signature of Principal	Date
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Signature of Superintendent	Date
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THIS FORM MUST BE COMPLETED AND TURNED IN TO THE SITE PRINCIPAL AT LEAST FIVE WORKING DAYS BEFORE REQUESTED USE DATE