



REQUEST FACILITY USE

Return completed request forms to Ryan Helms, Athletic Director/VP, rhelms@finleysd.org 582-2158

GROUP INFORMATION

Are you a Finley Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Event:										
Group Name						Today's Date			/			
Contact Name						Group Type: <input type="checkbox"/> Finley Resident <input type="checkbox"/> Non Resident						
Contact Phone #						<input type="checkbox"/> Family <input type="checkbox"/> Community Organization <input type="checkbox"/> Business						
Email												
Home Address												
City and Zip Code												

FACILITY REQUESTED

School	<input type="checkbox"/> Finley Center <input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> RVHS											
Facilities needed	<input type="checkbox"/> Gym <input type="checkbox"/> Field <input type="checkbox"/> Weight Rm <input type="checkbox"/> Kitchen <input type="checkbox"/> Common/Cafeteria <input type="checkbox"/> Lecture Hall <input type="checkbox"/> Library <input type="checkbox"/> Classroom											
Other items requested	<input type="checkbox"/> Field Lights <input type="checkbox"/> Scoreboard <input type="checkbox"/> PA System/Microphones											

RENTAL DATE(S) AND TIMES

Single Day Event	Date:	Series (Monthly)	Start Date _____ End Date _____
Series (Weekly)	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S Start Date _____ End Date _____	Time Duration	From _____ to _____

OTHER INFORMATION

Admission charge	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	Restrooms Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locker Rooms Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No		

I understand if my request to use the Finley School District's facilities listed above is approved, I will provide the District with proof of insurance and pay rental fees before using the facilities. I agree not to make copies of any keys checked out to me and I agree to return the keys the next business day after the event. I agree to follow the Finley School District's Facility Use and Safety Guidelines. If the District has to provide custodial services I agree to pay for these services.

SIGNATURE AND ACCEPTANCE OF TERMS

Signature		Date			/			/			
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Nondiscrimination, Title IX & Section 504: Finley School District complies with all federal and state rules and regulations. Finley School District does not discriminate in any program or activities on the basis of race, creed, religion, color, national origin, age, honorably-discharged veteran or military status, sex, sexual orientation including gender expression or identity, marital status, the presence of any sensory, mental or physical disability or the use of a trained dog guide or service animal by a person with a disability and provides equal access to the Boy Scouts and other designated youth groups. The following employee(s) has been designated to handle questions and complaints of alleged discrimination: Nondiscrimination/ADA and Title IX – Bryan Long, Director of Human Resources & Student Learning blong@finleysd.org; Section 504 – Amy McLaughlin, Director of Special Programs amclaughlin@finleysd.org, 509-586-3217 224606 E Game Farm Rd Kennewick, WA 99337

FOR OFFICIAL USE ONLY

Request approved	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate of Liability Insurance received	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental Fees	<input type="checkbox"/> Yes Amount \$ _____ Date Paid _____ <input type="checkbox"/> No	Keys	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No Checkout _____ Return _____