

In-House Facility Use Application

BEFORE AND AFTER SCHOOL USE BY DISTRICT EMPLOYEE/PTSA REPRESENTATIVE

PLEASE SUBMIT AT LEAST TWO (2) WEEKS IN ADVANCE

Issaquah School District No. 411
Attn: Facility Use Specialist
5150 220 Ave SE
Issaquah, WA 98029
Phone: 425-837-7127
Email: ShomakerB@issaquah.wednet.edu

Date received by District: _____

Please complete and mail inter-district to the Facilities office. A Reservation Confirmation will be e-mailed.

SCHOOL: _____ Date: _____

ROOM(S): _____

Have you checked the ISD website for Feeder School Conflicts? Yes _____ No _____

Please list ALL requested dates (attach sheet if necessary):

Check day(s) of the week: M T W TH F S SU

Actual Time of Event: _____ to: _____

Time entering building (setup): _____ Time leaving the building (cleanup): _____

Type of Meeting/Activity: _____

Number of Adults: _____ Number of Children: _____ Age of Participants: _____

Is food being served? Yes No Is access to the kitchen needed? Yes No

Setup needs: # of chairs: _____ # of tables: _____ Which kind? _____

P/A system: _____ Piano: _____

Additional requests: _____

Please indicate type of setup (row seating, u-shape, tables/chairs, etc.): _____

Please attach a diagram of the setup if custodian help is needed.

**PTA events over 150 people will need to request a 3 hour custodian. Custodian coverage is \$40.00 per hour.*

PLEASE PRINT:

Your Name: _____ Dept.: _____

Day Time Phone: _____

E-Mail Address: _____ Cell: _____