

Blue Oak Charter School  
**Facility Use Application**

*For internal Blue Oak Staff and Blue Oak Parent Use - Not for raising funds  
Applications need to be submitted 5 day in advance of date(s) requested to the Executive Assistant*

CONTACT PERSON / NAME OF APPLICANT: \_\_\_\_\_

I HAVE CHECK THE COMMUNITY CALENDAR FOR CONFLICTS WITH THIS EVENT (CIRCLE): Yes No

IDENTIFY YOURSELF AS ONE OF THE FOLLOWING (CIRCLE): Teacher/Staff Blue Oak Parent

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DESCRIPTION OF USE (Circle): Class Meeting Event Other: \_\_\_\_\_

ROOMS REQUESTED (Circle):

Great Room Kitchen Library Classroom(s) \_\_\_\_\_ Band/Meeting Other: \_\_\_\_\_

TITLE OF EVENT: \_\_\_\_\_

REQUESTED DATE(S) OF USE: \_\_\_\_\_

REQUESTED TIME(S): \_\_\_\_\_

ESTIMATED # OF PARTICIPANTS: \_\_\_\_\_

PLEASE CIRCLE ALL THAT APPLY:

- Food will be served      Extension cords needed      Request help with setup
- Request help with cleanup      Cash Box needed      Equipment needed: \_\_\_\_\_

EVENT WILL TAKE PLACE (CIRCLE):                      during school hours                      after school hours

PROCEDURES FOR CLOSING THE SCHOOL (for after hours use)

- Ensure two people remain on campus.
- Walk the building and check the following:
  - ◆ Exterior doors are locked and closed tight
  - ◆ Lights are turned out
  - ◆ Food items have been disposed of properly
- Ensure front doors are locked upon your final exit

STAFF MEMBER RESPONSIBLE FOR LOCKUP: \_\_\_\_\_

My signature certifies that I shall be a responsible leader during this event. I will notify the appropriate administrative staff of any incidents and / or issues that occur during the event. I will lead my event attendees in upholding all school rules and policies. I will make sure the procedures for closing the school are followed. I am aware that any cancellation of my event must be made at least 24 hours in advance.

APPLICANT'S NAME: \_\_\_\_\_ APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

FOR OFFICE USE ONLY

School Administrator Approval Signature \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ Event put on School Calendar      \_\_\_\_ Applicant notified      \_\_\_\_ School Calendar shows no conflicts