

COLLINSVILLE COMMUNITY UNIT SCHOOL DISTRICT #10

REQUEST FOR FACILITY RENTAL

Name of group/individual requesting rental: _____

Address: _____

Telephone Number: _____

Description of group/organization: _____

School Campus requested: _____

Date (s) requested: _____

Hours Requested (List each day): _____

Type of Activity Fund Raising Non-Fund Raising

Description of Activity/Event _____

Anticipated number of: Participants _____ Spectators _____

Will an admission fee be charged? Yes No If yes, how much? \$ _____

Facilities Requested: Gym Multipurpose Room Lunchroom Classroom

Auditorium (For auditorium use the Technology Department MUST be contacted to determine needs). Additional charge for ANY auditorium use.

Kitchen Grounds _____ Athletic Field _____

PA system Athletic Field Lights

Identify other equipment or special set-up requirements:

Request for Facility Rental

Will concessions be sold? Yes No

