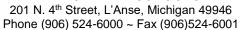
FACILITY USE REQUEST

L'ANSE AREA SCHOOLS





| Organization: | | _ Requesting Person: | (Drint Nama) |
|---|--|---|-----------------------------|
| Use for: | (t) | | (Print Name) |
| Name / Tit | le of Event | Email: | |
| Request to use: CafetoriumKitchen (Complete Safe Formula Board RoomClassroomYukon / School Vehicle | | Big (new) Gym Old High School Gyr Elementary Gym Other: | n |
| Date(s) Needed: | Act | tual Time of Event: | |
| Time(s) Needed Including Set up: _ | | and Clean up: | |
| *If more than one date is needed, list dates: | | through | |
| Equipment Requested: P. A. SystemLaptopTables/Chairs forpITV Equipment | erson(s) | Overhead Projector & Scree Internet Guest Access (wirel Guest Wi-Fi Voucher: Other | ess)(OFFICE USE ONLY) |
| Supervising Adults: | | | |
| We fully understand and agree to abide to make restitution for any damages to the secure all entrances/exits all times & reminjury received while our organization is | building or contents ca nove trash. We will not | aused by our organization, turn o | off all lights & equipment, |
| Requested by: | (Signature) | Date: _ | |
| Student/Internal Activity Approved by: | (PRINCIPAL Signature) | Date: _ | |
| Approved by: | (Administrator Signature) | Date: | |
| Charge(s) \$ | Kitchen Fee \$ | PAID: _ | |

L'ANSE AREA SCHOOLS

"SAFE FOOD HANDLING" Kitchen Use by School Related Groups



| Requesting Organization: | | |
|--|---|--|
| Purpose: | | |
| Date: | | |
| Time: | | |
| Contact(s): | | |
| Name: | Phone: | |
| Name: | Phone: | |
| followed for the above liss Signature: | tea event. | |
| Food Service Director | | |
| OR | | |
| Food Service Manager | | |
| Check one option: | | |
| I am doing this on a | voluntary basis | |
| I would like to be pa | id my regular rate of pay for my time in doing this | |