



KONOCTI UNIFIED SCHOOL DISTRICT

DISTRICT OFFICE FACILITY USE

Check one of the following:

McClung Room (100 capacity): _____ Conference Room (25 capacity): _____

Organization requesting use: _____

Date: _____ Time: _____ to _____

Contact Person: _____

Mailing Address: _____

Contact Number(s): _____ Fax Number: _____

_____ Email: _____

Signature of Responsible Party

Date

Check the following, if needed: Projector T.V. Extension Cord
(Chairs and tables are available in each room – all other needs must be supplied by the organization using the facility)

PLEASE NOTE:

An approved application may be revoked with reasonable notice when the District facilities are needed for school purposes.

The District reserves the right to revoke permission to use the District facilities at any time that it is deemed to be in the best interest of the District.

Food or beverages are not allowed in the McClung Room.

District Office Use Only:

Accepted: _____

Denied: _____

Date: _____

Date: _____

Fee Applicable: Yes No

Amount: \$ _____

Billed: \$ _____ Date: _____

