



**MEDINA CITY SCHOOLS
REQUEST FOR USE OF SCHOOL FACILITIES
(Non PAC Related)**

Today's Date: _____

SCHOOL USE ONLY

Requested by: _____

On Calendar: _____

Address: _____

Copies Made: _____

City: _____ Zip: _____

Contract Needed: Yes/No

Cell Phone: _____ Work Phone: _____

Email: _____

Your Group/Business/Team/Organization

Date(s) of your activity

Building/Room/Area you are requesting (please be specific)

Why will you be using this area/room/etc.

Beginning time of activity

Ending time of activity

Set up start time

Special equipment (tables/chairs/PA system/microphones, etc.)

Special requests/instructions

In the event there are rental charges, who do we bill?

Approximate Rental Charges:

Name _____

Facility Rental: _____

Address: _____

Custodial: _____

City: _____ Zip: _____

Special Equip: _____

Approx Total Charges: _____

Renter's Approval: X _____ Date: _____

Administrator Approval: _____ Date: _____

Administrator Approval: _____ Date: _____

EL/MS Admin: If fees are to be assigned, please email your signed copy to the Business Office: crewj@medinabees.org. The Business Director will review the fees, sign if applicable, and return a copy to you. MHS fees will be assigned and reviewed by MHS Admin. Please forward a copy to your requester. An invoice will be sent after the event. If the event would need to be cancelled: EL/MS please inform the Business Office at crewj@medinabees.org or MHS please inform platzk@medinabees.org