

**Lordstown Local Schools**  
**Request for Use of Facilities**

Class or Organization: \_\_\_\_\_ <sup>1</sup>Date of Request: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Building: High School                  Middle School                  Elementary School

Room or Area Requested: \_\_\_\_\_

Type of Activity Planned:

Requested Dates of Usage: \_\_\_\_\_

<sup>2</sup>Hours of Usage: \_\_\_\_\_

\_\_\_\_\_  
Person Making the Request

\_\_\_\_\_  
Building Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Support Services Manager

\_\_\_\_\_  
Date

Board Approval Date: \_\_\_\_\_

<sup>1</sup>A minimum of (5) days advanced notice required.

<sup>2</sup>Must pay custodial expenses if hours are beyond the normal work day, and/or normal work week.