

Jordan School District
SPECIAL EVENT PARTNERSHIP REQUEST

School _____ Today's Date _____

Person Requesting _____ Phone # _____
First Name Last Name

Organization _____

Business/Group Involved _____ Contact Name & Phone # _____

Event _____

Event Date(s) _____ Time Frame _____

Room(s)/Area(s) to be Used _____

RESPONSIBILITIES/SERVICES PROVIDED

<u>SCHOOL</u>	<u>BUSINESS</u>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____

EXPENDITURES

1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____

BENEFITS/REVENUE (must be mutually beneficial)

1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____

Attach additional pages & documentation as needed.
 Special Event Partnerships must comply with policies AA417 and DA151.

 Person Requesting Signature Date

 Administrator of Auxiliary Signature Date

 School Administrator Signature Date

 Administrator of Schools Signature Date

 Facilities Scheduler Signature Date

Fund Raising Request Form Approved Rental Documentation Complete