

Date: _____
Time: _____

Indoor Facilities Scheduling Rental Request Form

Complete this form and email to Facilities.Scheduling@jordandistrict.org.

Note: This is not a confirmation of your rental request. Once received by Jordan School District, we will reply as soon as possible. For rental information, please refer to the Facilities Rental Guidelines at (attach link).

Organization: _____ Phone/Email: _____
Contact Name: _____ Resident of Jordan School
District? Yes No

Type of Activity: _____

Date(s): _____

Day(s) of the Week: _____

Actual Arrival Time(s): _____ Actual Departure Time(s): _____

Preferred Location: 1st choice _____

Preferred Location: 2nd choice _____

How many people expected? _____

Resource(s): Main Gym Auditorium Classroom: Other: _____

Sound & Lights Microphone Microphone Stand Other: _____

Will you be charging an admission fee? _____ Comments: _____
Yes No

Will you be earning income/selling items? _____ Comments: _____
Yes No

Can you provide current Certification of Liability Insurance? Yes No _____ Comments: _____

For Profit Organization *Non-Profit Organization *If non-profit, a 501c3 form **must** be provided.

BELOW FOR OFFICE USE ONLY

Confirmed Declined Reason: _____

School Name: _____

Insurance Provided:

Completed By: _____

Date: _____