FACILITY USE REQUEST						
**Fee Schedule:		PLEASI	PLEASE RETURN TO			
□ Cleaning deposit* (required)	) \$75.00		ALIUMATO			
□ Multipurpose Building (no ki	_	Liberty 1	Liberty Public Schools 2727 East 201 <sup>st</sup> Street South Mounds, Oklahoma 74047			
□ Multipurpose/Cafeteria (wit	:h kitchen) \$75.00	Mounds, O				
□ Athletic Facility (25% at each even) \$		(918)	366-8496			
Classroom/Buildings (with supervision) \$50.00						
□ \$8/hr. for school personnel to supervise (required) \$ □ Audio-visual equipment \$25.00						
□ Setup (rate varies based on	event)	_				
* Deposit is returned if facility is cle	eaned following event.					
Amount of payment:	Estimated rental charge:	Estimated other fees:	Date of payment:			
\$	\$	\$				
Date facility needed ( mm/dd/	'vvvv):	Day of the week (Mon., Tues.,	. etc.):			
Group:		Sponsor:				
Brief description of how the fac	cility will be used:					
Use start time:		Use end time:				
If you are requesting to use the facility on a regular weekly or monthly basis, please describe:						
Facility being requested:						
☐ Cafeteria ☐ Multipurpo	ose Building $\square$ Other (ple	ease specify):				
Alternate site in case of rain, etc.: Estimate of attendance at activity:						
Will your group need access to the building prior to the event in order to set up or decorate?						
If so, when?						
Admissions standards for the event: $\Box$ Ticket required $\Box$ Invitation only $\Box$ Open to the public						
Do you anticipate guests with special needs/physical challenges? ☐ Yes ☐ No						
If yes, please describe:						
Will food be served? (special p	permission is required)		☐ Yes ☐ No			
If yes, please describe:						

Is special room set-up required?	I	□ Yes	□ No		
If yes, please describe your needs:					
Will outside equipment be delivered/picked up?			□ No		
If yes, please describe:					
Is audio-visual equipment needed? (\$25 fee applies)  If yes, please describe:		☐ Yes	□ No		
If yes, please describe.					
GENERAL CONDIT	IONS FOR FACILITY USE				
1. User agrees that the property and facilities of					
Signature of Primary Contact Person	Phone number		Date		
Printed name of Primary Contact Person	Superintendent's Approval		Date		