



NEWCASTLE PUBLIC SCHOOLS

Facilities Use Agreement

Applicant Name: Applicant Organization:

Telephone #: Mailing Address:

Event Description: Estimated Attendance:

Dates(s) Requested: Time of use: To:

Facility Requested:

Additional Information & Equipment Needs

Fee Calculation Worksheet:

Facility Description	Rate	Hours	Subtotal
TOTAL FEES DUE:			

Applicant hereby agrees to the terms and conditions as set forth on the Facilities Use Agreement - District Policy BB.

Signature of Applicant Date

APPLICATION APPROVED BY SCHOOL DISTRICT

Signature of Superintendent or designee Date