



LaBrae Local Schools

Request for Use of Facilities

1001 N. Leavitt Road • Leavittsburg, OH 44430 • Phone: 330.898.0800 • Fax: 330.898.6112

Organization: _____

Address: _____

Contact Person: _____ Phone Number: _____

E-mail Address: _____

Please select building for event: Complex Bascom Elementary

Please select area requested: Auditorium Cafeteria Kitchen Bascom Elementary Gym

Middle School Gym High School Gym Other: _____

If using Auditorium, is seating required: Yes No Not applicable Does the auditorium wall need pulled out for additional seating? Yes No

If using Gym, is seating required: Yes No Not applicable

Equipment Needs: Microphone Projector Table(s) # of: _____ Chair(s) # of: _____

¹Requested Date(s) of Usage: _____

Time of Planned Event (start & end time): _____

Actual time frame (including set-up & clean up times) of facility usage : _____

Description of the Type of Event Planned:

As the person making this request, I have read and agreed to the terms outlined in the Use of Facilities Regulations and Fee Schedule that is available at <http://labrae.school/forms>.

Signature of Person Making the Request

Date Signed

¹A minimum of five (5) days advanced notice is required

FOR OFFICE USE ONLY

Building Administrator _____
Date Signed

Superintendent _____
Date Signed

Date Received: _____

Board Approval Date: _____

Copies sent to: Cafeteria Custodial Treasurer

Date Sent: _____