

**Lansing Central School District**  
**Building Use/Athletics Request Form**  
**REQUEST FOR USE BY SCHOOL-SPONSORED ACTIVITY**

Date of This Request: \_\_\_\_\_

Area Requested: \_\_\_\_\_ Reserved Area With (Name): \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time(s): \_\_\_\_\_

Person Completing Request: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Organization or Activity: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

Equipment Needed (please list): \_\_\_\_\_

Name of Chaperones/Lifeguards: \_\_\_\_\_

Number of Student Attendees: \_\_\_\_\_ Number of Employee Attendees: \_\_\_\_\_

Set-up Completed By: \_\_\_\_\_

(Students Must Have an Adult Supervisor for Both Set-Up and Clean-Up)

Clean-up Completed By: \_\_\_\_\_

Name of Adult Supervisor: \_\_\_\_\_

Name of Trained Supervisor Responsible for Use & Operation of Defibrillator: \_\_\_\_\_

- Please Complete & Submit to District Office at Least (2) Two Weeks Prior to Event
- Please DO NOT Detach Copies Until Approved By All Departments

	Approved	Disapproved	Date
1) Athletic Director/Cafeteria Supervisor/Music Dept.			
2) Building Principal			
3) Building & Grounds Supervisor			
4) Business Administrator			

To Be Completed by Building and Grounds staff on duty  
 Remarks Regarding Cooperation of Organization and Condition of Building/Area:

\_\_\_\_\_

Fees for Area/Time requested: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(1) District Office - White    (2) Building&Grounds - Yellow    (3) Building Principal - Pink    (4) Organization - Goldenrod

If Pool use Identify Certified Lifeguard on Duty.