

**NORTH BALTIMORE LOCAL SCHOOLS  
BUILDING USE REQUEST  
To be completed by activity director/organization**

\_\_\_\_\_ (Group/Organization) agrees to indemnify and hold harmless the North Baltimore Board of Education and their agents and employees from all liability, claims, demands, damage, or costs, for or arising out the activity of request, whether it be caused by the negligence of the organization or the North Baltimore Board of Education or either party's agents or employees, or otherwise. **If a school sponsored event necessitates a change, then this building request may be canceled.**

Building and room(s) Requested: \_\_\_\_\_

If the request is for the Powell Multi-purpose Room [ ] Request entire room  
[ ] Request portion of room (divided by curtain)  
[ ] Small Portion [ ] Large Portion

**Date(s) Requested:** \_\_\_\_\_

Time(s) Requested for facility to be opened \_\_\_\_\_

Actual time event starts \_\_\_\_\_ and ends \_\_\_\_\_

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

Special Needs/Requests: (Equipment) \_\_\_\_\_

# of Chairs \_\_\_\_\_ # of Tables \_\_\_\_\_ (Please be specific of the equipment needed/only what is requested will be provided)

We hereby state that our organization is familiar with rules and regulations relating to building use and agree to comply with the same.

**To be completed by requesting individual:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**To be completed by the Building Principal:**

Building available \_\_\_\_\_ yes  
\_\_\_\_\_ no

The date/time you have requested is not available. Please call the principal to reschedule.

- [ ] School sponsored event
- [ ] Non-school sponsored but involving North Baltimore Local Schools students
- [ ] Non-school sponsored event for adults and/or community members

Personnel Assigned: \_\_\_\_\_

Remarks: \_\_\_\_\_

**Signature of Building Principal:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To be completed by the Board of Education:**

Approved \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Building Fee Yes \_\_\_\_\_ No \_\_\_\_\_  
Service Charge \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Remarks \_\_\_\_\_

**Signature of Superintendent:** \_\_\_\_\_ **Date** \_\_\_\_\_