



Wilmington Area School District  
Office of the Superintendent

WA - 03

Use of School Facilities

(Central Office Only)  
Board App Yes   
No   
Date \_\_\_\_\_

Name of Organization \_\_\_\_\_

Name of Person Making Request \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax # \_\_\_\_\_ Approx Group Size \_\_\_\_\_

- Facility Requested  Wilmington Elementary School  
 Wilmington High School/Middle School
- Area(s) Requested  HS gymnasium  MS gymnasium  
 cafeteria  classroom  
 auditorium  
 other (please specify) \_\_\_\_\_

Equipment/Staff Requested \_\_\_\_\_

Describe Event/Activity \_\_\_\_\_

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

Admission Charge (if any) \_\_\_\_\_ To \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Athletic Director Signature(If Requesting Athletic Facility) \_\_\_\_\_ Date \_\_\_\_\_

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

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CENTRAL OFFICE USE ONLY:

Rental Fee \_\_\_\_\_ Insurance Received \_\_\_\_\_  
Security Fee \_\_\_\_\_ Fees Paid \_\_\_\_\_  
Cafeteria Personnel \_\_\_\_\_  
Custodial Personnel \_\_\_\_\_