

**TWIN FALLS PUBLIC SCHOOLS  
SCHOOL FACILITY USE AGREEMENT  
ACTIVITIES DIRECTLY RELATED TO SCHOOL**

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

Name of Group: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box City State Zip Code

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date(s) of Use: \_\_\_\_\_ Through: \_\_\_\_\_

Facility Requested: \_\_\_\_\_

Will equipment, vendors or guest speakers be brought in? If yes, please describe and file this form with District office.  
\_\_\_\_\_  
\_\_\_\_\_

If yes, certificate of insurance may be requested by the District Office.

Number of Participants Expected: \_\_\_\_\_ Number of Group's Staff to Supervise \_\_\_\_\_

Security: \_\_\_\_\_ Will there be spectators? \_\_\_\_\_ Estimated # \_\_\_\_\_

Special Details/brief description of use: \_\_\_\_\_  
\_\_\_\_\_

I have read the rules and agreement regarding use of school facilities and agree to abide by the facilities Agreement at [goo.gl/OCWa9r](http://goo.gl/OCWa9r).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Group Representative Title

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
School Principal

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
District Office Title

Certificate required \_\_\_\_\_ Yes \_\_\_\_\_ No On File \_\_\_\_\_ Approved \_\_\_\_\_

**PLEASE SUBMIT AT LEAST 2 WEEKS PRIOR TO EVENT**  
Please return to Sheila Rinehart at the District Office: [rinehartsh@tfsd.org](mailto:rinehartsh@tfsd.org)