

REQUEST FOR USE OF FACILITIES

TENNESSEE SCHOOL FOR THE BLIND

Date(s) Requested	Time(s)
	from: to:
	from: to:

I am requesting the use of the following facilities: (List specific area(s) and the way you will be using the area(s))	
Area	Description of Area Use

Do you have other facilities available?	YES	NO
Will there be any admissions charged?	YES	NO
Will there be any charge for participating?	YES	NO

Estimated number of people involved in the use of this facility is:

I understand that neither the State of Tennessee or the Tennessee School for the Blind shall assume responsibility or liability should an accident result in injury to person(s) or property damage occur during the afore mentioned times and dates while this group is using this facility. I further understand that by signing this request I assume full responsibility for any injuries or damage that may occur while my group is using this facility. In addition I assume responsibility for making sure that the facilities are cleaned after use and that any furniture and/or equipment that is moved is put back into place.

Print Name of Person Making Request	Name of Organization
Address of Organization	Telephone Number
Signature of Person Making Request	Todays Date

School Use Only

Approved:	Name	Title	Date
Approved:	Name	Title	Date
Approved:	Superintendent	Date	