

AIS - REQUEST FOR USE OF FACILITIES

Application No.

School Hours 0900-1530

After School 1530-1700

Evening Hours 1830-2130

Weekend - Saturday/Sunday

date.....

Request approved by:
(Signature AIS Directorate / Business Office)

1. Organization making request:
2. Type of Activity:
3. Facility Required:
4. Date and Time Required:
5. Number of (non-AIS adult) Visitors Expected:
6. Equipment Required:
(i.e. tables/chairs, stage lights, microphone, all electrical equipment, etc.)

NOTES:

Set-up and clean-up of facility is the responsibility of the user. Please state the name of the person(s) who will be responsible for clean-up and restoring all equipment, tables and chairs back in position for use.

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With reference to request for use of cafeteria, a detailed plan for table and seating arrangements, if applicable, should be supplied to the Directorate Business Office. The Directorate Business Office should also be informed of any electrical equipment being used, including stage lights.

The user is responsible for damages incurred as a result of his/her use of the facility.

The user's signature indicates he/she fully understands that school activities have first priority in the event of a change of venue and that the schedule of recesses and lunchtimes in the cafeteria, classes being held in the gym or home economics room have been taken into consideration.

There will be no functions at 0900 hrs in the cafeteria unless the maintenance staff has been able to set up the furniture the previous evening.

6. Name(s) of responsible person(s) who will be present during the activity and responsible for any evacuation (print):.....
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Responsibilities: ensure that (i) NO SMOKING takes place, (ii) children are properly supervised AT ALL TIMES, and (iii) that EVERYONE IS OFF CAMPUS NO LATER THAN 21.30 HOURS.

Emergency Responsibilities: (i) evacuate all in attendance to sports field and/or playground, (ii) take attendance, (iii) report to MOD guard, (iv) follow instructions of MOD guard / fire department / KMAR

7. **Signature(s) of person(s) accepting the above responsibilities:**
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8. Address (work):
9. Contact Telephone Number: Mobile:.....
10. Request made by:.....
11. **Signature of AIS National Section Head:**
REQUIRED for outside organizations

cc: Security / Maintenance / Technical