

**CHARLESTON COMMUNITY UNIT SCHOOL DISTRICT NO. 1
APPLICATION FOR USE OF KITCHEN FACILITY**

Kitchen Location: _____ **Date Requested:** _____

Time: From _____ **a.m. p.m.** **To** _____ **a.m. p.m.** **# in Attendance:** _____

Name of Organization:

Reason for Request:

Organization Contact: _____

Address: _____ **Phone:** _____

Special Equipment (Please be Specific) _____

1. All portions of the kitchen space request form must be filled out, all necessary signatures must be affixed and this form must accompany the Charleston Community Unit School District No. 1 Application for USE OF FACILITIES prior to the request being approved and granted.
2. The requesting organization agrees to employ and provide wages of one and one half times the normal hourly wage to cafeteria employee(s) who will be on duty during the course of the activity. Billing for these wages will be made to the organization by the cafeteria office.
3. The requesting organization agrees to pay for an extemporaneous cleaning that would be necessary after any activity in which the cafeteria is not left in proper order.
4. The requesting organization will sign a receipt for any hand or small equipment that is the property of the Charleston School District that may be in use during the requested activity and will assume all replacement costs if said equipment is lost, damaged, or destroyed.

Signature/Requesting Organization

Signature/Cafeteria Director

Signature/Superintendent CUSD #1

9/16/09