

CENTENNIAL SCHOOL DISTRICT
FACILITY USE WAIVER APPLICATION

(To be completed along with Facility Use Application)

Name of Group _____ Date Submitted _____

Facility Requested _____ Date of Usage _____

Waiver Requested- Fees and/or Sunday Usage (Describe details indicating the reasons you are requesting waiver)

Has this waiver been granted before? Yes No When? _____

What will the cost be to Centennial School District? _____

What percentage of your group are Centennial residents? _____

How will this waiver benefit your group?

Signature of group representative _____

Address _____

Telephone number _____

Cc:
Facility Office
Principal