

LPCSD Facility Use Waiver Request Form

This form must be completed by users requesting a waiver of the District's associated costs.

Person Completing Form _____

What are the actual costs (as established by the District) for facility use? _____

Please provide an explanation as to why you are requesting the District waive this fee: (Please explain your association with the district, the benefits for LPCSD students, and any admission, participation, or other fees and income that you collect that are associated with this activity).

Signature

Date

Administrative Approval (circle one):

Waiver Granted

Waiver Denied

Explanation: _____

Administrative Signature

Title

Date