

Iowa School for the Deaf – Facility Request Form

Form Rev. 10/2022

3501 Harry Langdon Blvd. Council Bluffs, IA 51503
712-366-0571 Fax: 712-366-3218

Requested by: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

Email Address: _____

Representing: (organization or company) _____

Date(s) of use: _____ Time(s) of use: _____

Purpose of use: _____

Approx. number attending: _____

**▶ All requests must be submitted 2-weeks prior to event.
▶ Subject to approval before use starts.**

Available Resources (please mark choice)

- | | |
|---|--|
| <input type="checkbox"/> LMC Community Room (both rooms) | <input type="checkbox"/> LMC Gymnasium |
| <input type="checkbox"/> LMC Community Room (tile side) | <input type="checkbox"/> LMC Pool |
| <input type="checkbox"/> LMC Community Room (carpet side) | <input type="checkbox"/> Cafeteria |
| <input type="checkbox"/> Staff Dining Room | <input type="checkbox"/> Practice Fields |
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Other: _____ |

Room Set-up Instructions (Please provide diagram on separate sheet of paper.)

Equipment Requested: (Please see Additional Equipment List – Availability Not Guaranteed) – list needed items below

Available equipment: tables, chairs, projection screens, flip chart easels, podium, microphones with audio system (limited availability), LCD projector-based on availability. (See complete Additional Equipment List for usage costs.)

The following liability insurance information must be provided:

Name of insurance company: _____

Policy number: _____

Coverage limits: _____

- Fees are due at the time of approval. See Fee Schedule for complete usage costs.
- All requests are subject to approval by the Director Business Operations of Iowa School for the Deaf.
- ISD is a drug-free and smoke-free campus. No alcohol or smoking allowed on ISD grounds.
- No red liquids are to be brought in or consumed in any of the available rooms.
- Facility use will be permissible when the use in no way interferes with ISD activities.
- ISD rooms shall only be used for meetings, conferences, seminars, etc.

Approved by your Supervisor _____ Date: _____

ISD Staff Use Only:

Fee: \$ _____ Mail Invoice: Y / N Additional Fees: \$ _____ TOTAL \$ _____

Approved by (Director Business Operations): _____ Date: _____

Copies to: _____ Facilities _____ LMC _____ Business Office _____ Student Life
_____ Info Tech _____ Other: _____