**EVALUATION CHECKLIST FOR USE OF SCHOOL FACILITY**



**SCHOOL NAME:**

**APPLICANT OR ORGANIZATION NAME:**

**NUMBER OF PEOPLE: DATE OF EVENT:**

Were the facilities left in the same condition?

Were there any unusual activities?

How was the behavior of the applicant or organization?

Did any property damage occur during event? Was any property misplaced/missing? If so, please explain:

Would you recommend this applicant or organization to return for use of facility?

**EVALUATOR: DATE:**

**RETURN TO: CIVIC PERMITS OFFICE, BOX 822**