

SCHOOL FACILITIES USE FORM

Please Print Clearly

Date of Application: _____

Organization: _____ Contact Person: _____

Contact Phone: (____) _____ E-mail Address: _____

Contact Address: _____

School Requested: _____

Equipment Needed: _____

Use Date(s): _____

Time(s): _____

Room(s): _____

Expected Attendance: _____

The purpose of this meeting or function is: _____

Approved by: _____

- Copies sent to: Secondary Principal Secondary Assistant Principal
 Tyrone Principal Beacon Principal Building Teacher
 Building Secretary Athletic Director Building Custodian
 Secondary Outdoor Custodian

White – Board Office Green – Contact Person Yellow – Principal Pink – Custodians Gold – Secretary

