

# 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

