

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: _____ Facility Rental Fee \$ _____

The purpose of this meeting or function is: _____

Is an entrance fee being charged? _____ If yes, how much? _____

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

