

# FACILITY USE FORM

TODAY'S DATE: \_\_\_\_\_

## REQUESTOR INFORMATION

ORGANIZATION: \_\_\_\_\_

NAME: \_\_\_\_\_

EVENT CONTACT NAME: \_\_\_\_\_

EVENT CONTACT PHONE NUMBER: \_\_\_\_\_

PURPOSE OF USE:

NUMBER EXPECTED: \_\_\_\_\_

## DATES AND TIMES OF REQUESTED USE

DATE: \_\_\_\_\_ START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

DATE: \_\_\_\_\_ START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

DATE: \_\_\_\_\_ START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

## PLEASE SELECT THE FACILITY YOU ARE REQUESTING TO USE

MARY HANLEY THEATER

DAMON GYM

HEALTHY START CONF. ROOM

LIBRARY

LOGAN GYM

HEALTHY START MAIN ROOM

CLASSROOM # \_\_\_\_\_

CAFÉ 1

HUSKY FIELD

CAFETERIA

TRACK

OTHER \_\_\_\_\_

**SPECIAL NEEDS:** LIST ANY SPECIAL SETUP NEEDS.

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## FOR DISTRICT OFFICE USE ONLY

### APPROVAL AND ASSIGNMENTS

INSTRUCTIONS:

ASSIGNED TO: \_\_\_\_\_

COPY TO: MAINTENANCE

APPROVED BY: \_\_\_\_\_

CUSTODIAL