



FACILITY USAGE REQUEST

Applicant Information:

Name of School Requested: _____ School Contact: _____

Name of Organization: _____

Applicant Name: _____ Email Address: _____

Describe Event/Activity: _____

Room Request:

Type of room requested (or specific Bldg/Rm #)	Date(s)		Day(s) of Week							Times		Hours per Day	
	Start	End	Su	M	T	W	T	F	Sa	Start	End		

Notes: Include in notes any special instructions or additional services (custodial, AV, lighting, etc.) needed:

 Applicant Signature

 Date

 Principal/Designee Signature

 Date