



Application For Use Of School Facilities For An Athletic Practice / Event
(Excludes High School Gym)

Date: _____

Name of Sport/Team: _____

Coach: _____ Assist. Coach: _____

Day Time Phone: _____ Fax: _____

Building / Room Requested: _____

Purpose of Use: _____ Number of people to attend: _____

Date of Use: Schedule Attached

Single Date(s): _____

Weekly: M T W TH F Sa S from _____ through _____
(circle one or more) (mm/dd/yy) (mm/dd/yy)

Time of Use: from: _____ a.m. / p.m. to: _____ a.m. / p.m.

Banquets: Maintenance and/or kitchen needs / requests - **BE SPECIFIC:** # of tables need set up, use of kitchen, items you'd like to use (kitchen utensils, microphone, etc.). Verbal requests will not be acknowledged. **TRASH IS TO BE TAKEN OUT TO THE DUMPSTER AFTER YOUR EVENT.**

(Signature)

(Date)

RETURN COMPLETED FORM TO THE SCHOOL ADMINISTRATION OFFICE

ADMINISTRATIVE USE ONLY:

Date Received: _____ Time Received: _____

Date/Time Entered on Calendar: _____ / _____ Key: _____ Alarm: _____

Notes: _____

Emergency Number (4:00 pm – 7:00 am): 269-757-2013 – leave a message