

FACILITY REQUEST FORM

Today's Date _____ Event Name _____

Is this a fundraising event? Yes No Purpose of Fundraising _____

Organization _____

Person Responsible for the Use of the Facility _____

Address _____

City/State _____ Zip/Postal Code _____

Phone _____ ADT Key Card Serial # _____

E-mail _____

Date Requested: From _____ To _____

Time of Event: From _____ To _____

Facility Requested _____

What Frequency? (daily, weekdays, 2nd Tuesday, monthly, etc. _____

No. of People Expected _____

Other Comments _____

Print Name

Signature

Please return this to the office as soon as possible. Within two weeks you should receive a schedule of the event/s for your organization. If there are any changes or cancellation to this request, please contact the office at least one week (1) before the scheduled event.

Office Use Only

Date Received _____/_____/_____ **Priority** _____

Date Entered _____/_____/_____ **Pynt due \$** _____

Hall Scheduler _____