

FACILITIES PERMIT - IN HOUSE USE

APPLICATION FOR ONE-TIME USE	APPLICATION FOR MULTIPLE USES	Ц	
NAME OF FACILITY REQUEST	REQUESTED FOR THE PURPOSE OF	REQUESTED FOR THE PURPOSE OF	
DAY OF WEEK	DATE(S) REQUESTED	TIME	
EQUIPMENT REQUEST	NOTES / DETA	NOTES / DETAILS	
NUM. OF ROUND TABLES			
NUM. OF ROUND TABLE LINENS			
NUM. OF RECTANGLE TABLES			
NUM. OF RECTANGLE TABLE LINENS			
NUM. OF FOLDING CHAIRS			
NUM. OF CAFETERIA TABLES			
NUM. OF CAFETERIA BENCHES			
OTHER			
PERSON IN CHARGE OF ACTIVITY	PERSON REQUESTING	G ACTIVITY	
NAME	NAME		
ADDRESS	ADDRESS		
CITY / STATE / ZIP	CITY / STATE / ZIP		
PHONE NUMBER	PHONE NUMBER		
EMAIL ADDRESS	EMAIL ADDRESS		
ANTICIPATED NUMBER IN ATTENDANCE			
WILL FOOD BE SERVED YES	NO 🗆		
SIGNATURE OF PERSON COMPLETING THE APPLICAT	ION		
SIGNATURE OF ADMINISTRATOR			