

APPLICATION FOR ONE-TIME USE ☐

NAME OF FACILITY REQUEST

[illegible]

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	

NOTES / DETAILS	

NAME	_____
ADDRESS	_____
CITY / STATE / ZIP	_____
PHONE NUMBER	_____
EMAIL ADDRESS	_____

ANTICIPATED NUMBER IN ATTENDANCE

WILL FOOD BE SERVED YES ☐ NO ☐

NAME	_____
ADDRESS	_____
CITY / STATE / ZIP	_____
PHONE NUMBER	_____
EMAIL ADDRESS	_____

SIGNATURE OF PERSON COMPLETING THE APPLICATION

SIGNATURE OF ADMINISTRATOR