

SCHOOL FACILITY RESERVATION - CLASSIFICATION A & B

(School Sponsored and School Related)

TO: Director of Activities

From: _____
Building Administrator

Date: _____

I HAVE APPROVED THE FOLLOWING FACILITY RESERVATION:

Name of Responsible Person _____

Name of Group _____

Building _____

Date of Event _____

Time of Event _____

Specific Room/Area _____

Equipment Approved for Use _____

Responsible Person's Building or Address and Phone Number:

Email Address _____

Telephone _____

Received in Director of Activities office:

By _____ Date _____