

**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:

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Received in Director of Athletics' office:

By \_\_\_\_\_ Date \_\_\_\_\_