



## FACILITY USE APPLICATION

Date \_\_\_\_\_

Name of Group/Organization: \_\_\_\_\_

Name of Responsible Individual: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX: \_\_\_\_\_ e-mail: \_\_\_\_\_

Facility Requested: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

Time(s) Requested: \_\_\_\_\_

Type of Activity: \_\_\_\_\_

Special Equipment Requested: \_\_\_\_\_

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Facility Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

- Proof of Insurance
- Proof of Non-Profit Status