

# IN-DISTRICT USE OF FACILITIES REQUEST

**FACILITY REQUESTED:**    \_\_\_Gym    \_\_\_Dining Hall    \_\_\_PAC    \_\_\_Other

**Requested Date of Use** \_\_\_\_\_

**Reason Request for:** \_\_\_\_\_

\_\_\_\_\_

**Time of Use: From** \_\_\_\_\_ **To** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact Information: Phone #** \_\_\_\_\_ **Cell #** \_\_\_\_\_ **(optional)**

**Email:** \_\_\_\_\_

Equipment to be utilized in the PAC to be made via Request for Equipment (attached).

Note: Dining Hall only. Kitchen is not to be utilized except when pre-approved and Maschio personnel are on site.

\_\_\_\_\_  
Signature of Contact

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval of Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval of Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval of Athletic Director  
\*Necessary For Gym Use Only

\_\_\_\_\_  
Date

Business Office Only

Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_