

ST ALBANS CITY SCHOOL
IN HOUSE APPLICATION FOR USE OF SCHOOL FACILITY
TWO WEEKS NOTICE REQUIRED

Date application received

Event: _____

Date(s) _____

What Door: Main _____ Gym _____ Service _____

Door Open _____ Event Start Time _____

Event Stop Time _____ Door Locked _____

Name of Organization: _____

Representative: _____

Specific area(s) requested: _____

Specific room set-up/arrangement: _____

Custodial Assistance Requested : Yes _____ No _____ If yes, please specify

Copies of this form to:

1. Area Affected
2. Calendar Keeper
3. Custodian

Administrator Approval

PLEASE REVIEW ATTACHED PROCEDURES