

NORTHPORT SCHOOL DEPARTMENT

Facilities Use Request Form

Person Requesting: _____ Date: _____

Area/s To Be Used: _____

Date To Be Used: _____ Time/s To Be Used: _____

Activities Planned:

Number Of People In Attendance: _____ Is Custodian/Other Staff Needed: _____

Equipment Needed: _____

Directions For Set Up: _____

Signature: _____ Date: _____

Printed Name: _____ Telephone Number: _____

Address: _____

Approve: _____ Date: _____

Disapprove: _____ Reason: _____

Principal Signature: _____

Approve: _____ Date: _____

Disapprove: _____ Reason: _____

Superintendent Signature: _____