USE OF FACILITIES - DAY PROGRAMMING
(cafeteria, auditorium, gymnasium, media center, computer lab, etc.)

Name:_____ Grade_____ Date Submitted:_____

Number of students_____   Number of Adults_____

Area Requested:_____ Date of Program:_____

Time: (From_____ - To_____)

REASON_____

_____

_____

_____

Signature of Applicant

Activity/Event: _____approved _____not approved _____

Signature of the Principal

Date Confirmation: _____approved _____not approved _____Initials of Supt.'s Sec.

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