

**GETTYSBURG AREA SCHOOL DISTRICT
REQUEST FOR THE USE OF FACILITIES**

Requesting individual, group or organization

Name _____

Person in charge of or responsible for organization

Name _____ Telephone # _____

Address _____

Signature _____ Date _____

Facilities requested (List building, room, outdoor grounds, etc. – Be Specific

<u>Date(s) of use</u>	<u>Times of use:</u>	<u>Open</u>	<u>Close</u>
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_____		_____	_____
_____		_____	_____
_____		_____	_____

Purpose/description of use

Number of people expected to attend _____

Special considerations

School equipment requested

