

AHSTW Community School Use of Facilities Request Form

Complete the top portion of this form and return the entire form to the Activities Director at least 7 days prior to the event.

Name (print) _____ Today's Date _____

Phone number _____ Email Address _____

Mailing Address _____
Street Address City

Name of Organization _____

School Facility Requested _____

Date(s) Requested _____ Time(s) _____

Nature of Event (please describe the event) _____

Will charges be assessed to participants? YES _____ No _____

Signature _____

** AHSTW Community School and its employees will not be held responsible or liable for any injury, harm, or personal damage during use of the facilities.*

For office use only

Approved _____ Not Approved _____

Charges Assessed _____

Comments _____

Activities Director Signature _____ Date _____

Superintendent Signature _____ Date _____