

Elizabeth Forward School District
Elizabeth, Pennsylvania

School Facility Application

Organization _____ Date _____

Kind of Program _____

Use Requested by _____ Telephone # _____

Address _____

Name of person in charge _____

School Requested _____

Facilities at School Needed _____

Other Equipment needed _____

Days/Dates needed _____

Time Needed _____

_____ one time event - custodial access

_____ recurring event - ID badge to be issued

Door Access _____

Signature _____

For Office Use Only

Date approved and signature Athletic Director _____

Date approved and signature Food Service Director _____

Date approved by signature of Building Principal _____

Must be presented to Building Office at least two (2) weeks before date needed.

You are responsible for reading and abiding by the rules and regulations for use of the School.