

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 \_\_\_\_\_

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Days/Dates needed \_\_\_\_\_

Time Needed \_\_\_\_\_

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.