## **REQUEST FOR GYMNASIUM USE FORM**

Name	Date
Beginning date of event	Ending date
Time (Include set-up / clean-up time)	Number of people attending
Address	
Telephone	Cell number
Type of event	
ROOM REQUIREMENTS:	
Curtain divider up Curtai	in divider down Bleachers in Bleachers out
Volleyball nets installed V	Walking mat out Walking mat up
East/West backboards raised _	East/ West backboards lowered
Other	
SECURITY ARRANGEMENTS:	bove duties I will require training (You will be called to arrange mutually agreed upon date/time
Key # issued on (Return to the parish office by the mor	to
l have received a copy of the Gym R ensure they are strictly enforced.	Rules and Procedures. I accept the responsibility to
Signature	
Authorizing Staff Member signature	(Staff member signature required for approval of request)
Parish Administrator's signature	
	omments / Condition of gymnasium after use