

East Stroudsburg Area School District

APPLICATION FOR USE OF SCHOOL FACILITIES
(for Internal Use Only)

Name (Print) _____ Team/Dept/Organization _____

Building Requested: _____

Facilities Requested:

_____ All-Purpose Room	_____ Classroom(s)	_____ Kitchen/Preparation
_____ Athletic Fields (Specify)	_____ Faculty Room	_____ Library
_____ _____	_____ Guidance Conference Rm	_____ Stadium
_____ Auditorium	_____ Gym	_____ Swimming Pool
_____ Cafeteria	_____ Kitchen/Serving	_____ Wrestling Room
_____ Other: (Specify) _____		

Practices / Rehearsals / Assemblies / Performances: (If necessary, attach an additional sheet)

Day(s)/Date(s)/Year: _____

Hours (Beginning to Closing): _____

State Specific Purpose of Use:

Will an Admission Fee be charged? YES _____ AMOUNT \$ _____ NO _____

Equipment Requested: (*MUST be provided by school personnel)

_____ Athletic Equipment	_____ Picture/Slide Projector	_____ (Other) Stage Equipment
_____ Folding Stands	_____ *Scoreboard	_____ Tables and/or Chairs
_____ *Kitchen Equipment	_____ Sound System	_____ Other (Specify)
_____ Piano	_____ *Stage Lighting	_____

Other Comments/Requests: _____

Signature of Requestor: _____ Date: _____

Approval, Director of Athletics & Activities: _____ Date: _____

Approval of Principal: _____ Date: _____

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(for: Office Use ONLY)

Date: _____
Copy to: _____ Athletic Director _____ Head Custodian _____ Stage Manager
_____ Cafeteria Manager _____ Librarian _____ Other: _____