

# St. Charles West Facility Request Form

Office use only  
 Received \_\_\_\_\_  
 Entered \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name of Coach/Sponsor/Teacher: \_\_\_\_\_

Name of group using facility: \_\_\_\_\_

Purpose for using the facility (ie. Practice, concert etc) \_\_\_\_\_

Number of individuals attending your activity: \_\_\_\_\_

Dates(s) of activity: **(specific dates, IE: 10/3,10/9)** \_\_\_\_\_

Start time of Activity: \_\_\_\_\_ Daytime phone #(if not at SC West) \_\_\_\_\_

Facility needed (please check appropriate facility and times needed)

<u>Facility</u>	<u>Time facility will be needed</u>	
Amphitheatre _____	Beginning _____ a.m./p.m.	Ending _____ a.m./p.m.
Auditorium _____	Beginning _____ a.m./p.m.	Ending _____ a.m./p.m.
Commons _____	<i>Beginning _____ a.m./p.m.</i>	<i>Ending _____ a.m./p.m.</i>
Faculty Lounge _____	Beginning _____ a.m./p.m.	Ending _____ a.m./p.m.
Foyer _____	Beginning _____ a.m./p.m.	Ending _____ a.m./p.m.
Gym/main _____	Beginning _____ a.m./p.m.	Ending _____ a.m./p.m.
Gym/aux. _____	Beginning _____ a.m./p.m.	Ending _____ a.m./p.m.
Library _____	Beginning _____ a.m./p.m.	Ending _____ a.m./p.m.
Library Class Room _____	Beginning _____ a.m./p.m.	Ending _____ a.m./p.m.
Mezzanine _____	Beginning _____ a.m./p.m.	Ending _____ a.m./p.m.
Parking Lot _____	Beginning _____ a.m./p.m.	Ending _____ a.m./p.m.
Room(s) _____	Beginning _____ a.m./p.m.	Ending _____ a.m./p.m.
Snack Bar _____	Beginning _____ a.m./p.m.	Ending _____ a.m./p.m.
Stadium _____	Beginning _____ a.m./p.m.	Ending _____ a.m./p.m.

\_\_\_\_\_  
 Applicants printed name

\_\_\_\_\_  
 Applicants Signature

Please return application to the SC West Activities Office for approval/denial

**Activities office use only**

The use of the facility is:                      Approved \_\_\_\_\_                      Denied \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
 Activities Director: SC West

\_\_\_\_\_  
 Date