

Academy of St. Therese
REQUEST FOR USE OF SCHOOL FACILITY

Today's Date: _____

Group Name: _____ Event: _____

Contact Person: _____ Email: _____

Phone Number: _____

Day and Date of Requested Use: _____

Number of People Expected: _____

Room Requested: _____

Food Served: _____ Yes _____ No

Time Needed: Beginning Time: _____

Ending Time: _____

(Include set-up and clean-up time)

(For Office Use)

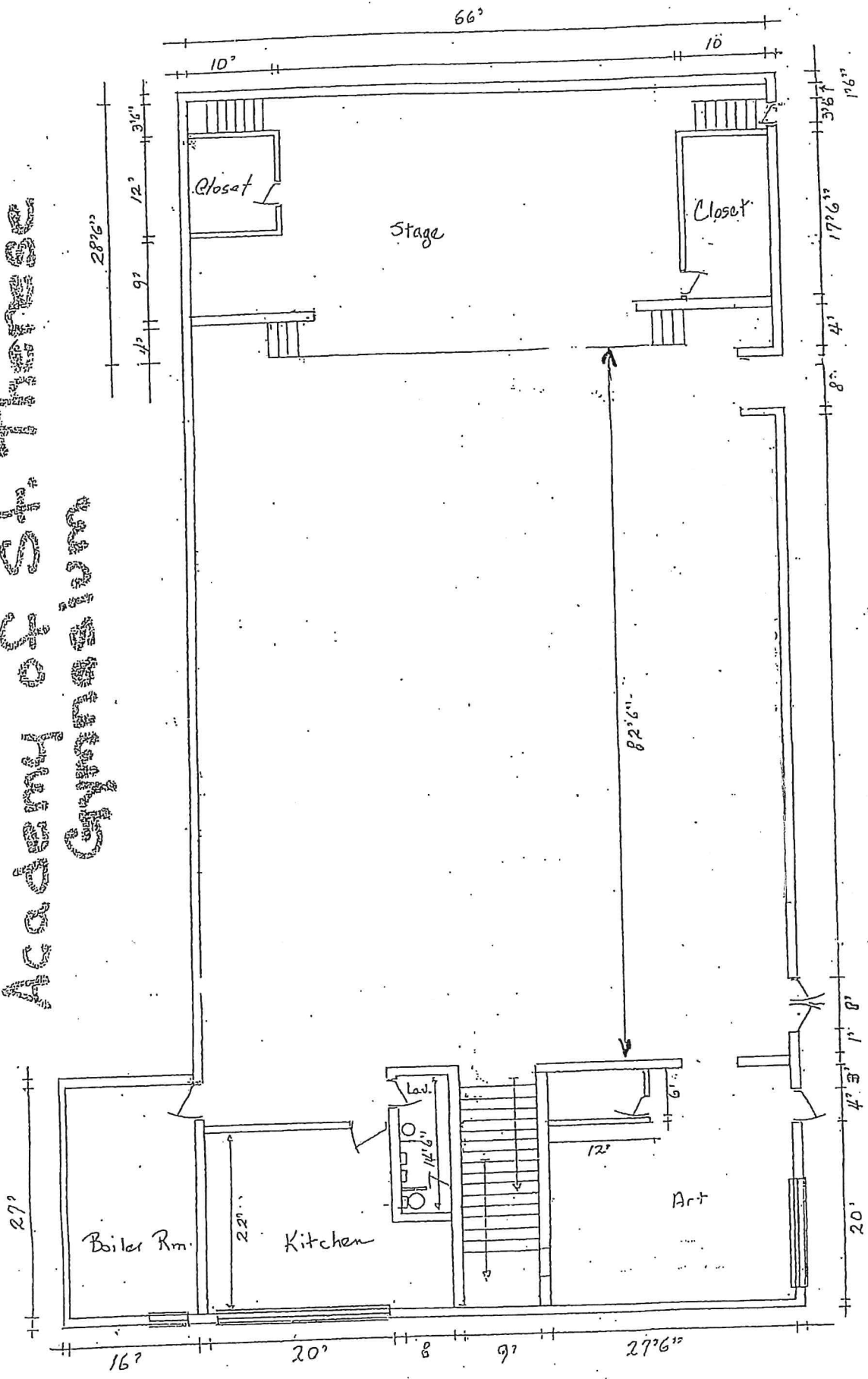
REQUEST APPROVED: _____

REQUEST DENIED: _____

REASON: _____

SIGNED: Father Sam: _____ Glenn Clark: _____
Pastor Principal
Date: _____ Date: _____

Academy of St. Theresa Catholic School



Scale:
1" = 3/8"