

**REQUEST FORM FOR USE OF TRINITY CATHOLIC
SCHOOL'S FACILITIES
2011-2012**

NAME OF GROUP _____

LEADER(S): _____

PLACE BEING REQUESTED: CLASSROOM _____ FIELD _____ OTHER _____

DATES NEEDED (Please outline entire year.)

August: _____
September: _____
October: _____
November: _____
December: _____
January: _____
February: _____
March: _____
April: _____
May: _____

TIMES OF MEETINGS (Rooms must be cleaned by 4:30) _____

PERSON MAKING REQUEST: _____

CONTACT INFORMATION (Phone #s and E-Mail)

Requests should be made early in the school year and turned into the office in-basket. You will be contacted regarding your request.

Prior to your first meeting we ask you to:

- Provide the school a list of student membership for your group. Please note the students who may not attend Trinity Catholic School on that list.
Completed Date: _____
- Provide (in the case of YMCA) proof of insurance.
Completed Date: _____
- Provide copies of the room/field guidelines to your membership and/or review these rules with them.
Completed Date: _____