

FACILITY REQUEST FORM



Complete and submit to the BRENT Activities Office at least two (2) weeks prior to requested use

FACILITY REQUIRED: Please check the appropriate box below:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Atrium | <input type="checkbox"/> Field 1A | <input type="checkbox"/> Gym 1 | <input type="checkbox"/> Tennis Court |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Field 1B | <input type="checkbox"/> Gym 2 | <input type="checkbox"/> Theater |
| <input type="checkbox"/> Chapel | <input type="checkbox"/> Field 1D | <input type="checkbox"/> Gym 3 | <input type="checkbox"/> Theater Backstage |
| <input type="checkbox"/> Dance Studio | <input type="checkbox"/> Field 2A | <input type="checkbox"/> Lion's Lair / Pavilion | <input type="checkbox"/> Track Oval |
| <input type="checkbox"/> Dormitory | <input type="checkbox"/> Field 2B | <input type="checkbox"/> Media Center - US Library | <input type="checkbox"/> US Faculty Work Room |
| <input type="checkbox"/> Drop-Off Area | <input type="checkbox"/> Field 3 - Baseball Field | <input type="checkbox"/> Sales Area - Atrium | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> ELC Cafeteria / MPH | <input type="checkbox"/> Fitness and Weight Room | <input type="checkbox"/> Swimming Pool | |

FUNCTION:								
DATE(S) NEEDED:		DAY(S) NEEDED: (Please encircle the day[s] below)					TIME NEEDED:	
		Mon	Tue	Wed	Thurs	Fri	Sat	Sun
MANPOWER NEEDED:								
EQUIPMENT NEEDED:								

REQUESTED BY:

Organization: _____

Contact (Student): _____

Contact (Adult/Faculty): _____

Signature: _____

Date: _____

Telephone: _____

NOTE: Please provide sketches, plans, layouts and special requirements on the reverse side of this form.

SPECIAL NOTE: Submitting this request does not ensure approval. It shall be the responsibility of the user to check that the use and facility have been approved.

F O R I C E T I V I S E T I O N L Y	<input type="checkbox"/> Approved: / <input type="checkbox"/> Disapproved By:		Received:			
	_____		Date: _____			
	CATHERINE TANCO-ONG		Time: _____			
To Calendar	_____		By: _____			
	DATE					
	COPIES SENT TO:	DATE	RECEIVED BY:	COPIES SENT TO:	DATE	RECEIVED BY:
	Academic Affairs	_____	_____	IT Office	_____	_____
	Activities Office	_____	_____	Maintenance	_____	_____
	Asst. D. S. A.	_____	_____	Media Center	_____	_____
	AV Office	_____	_____	P.E. Head	_____	_____
	Cafeteria	_____	_____	Principal - ELC & LS	_____	_____
	Chapel	_____	_____	Principal - MS	_____	_____
	Clinic	_____	_____	Principal - US	_____	_____
	ELC Office	_____	_____	Security Office	_____	_____
	Engineering Office	_____	_____	Swimming Pool	_____	_____
	Facility Supervisor	_____	_____	Transport Office	_____	_____
	Headmaster's Office	_____	_____	Requester	_____	_____
	Housekeeping	_____	_____	Others	_____	_____