

Bishop Shanahan High School Facility Usage Request Form

(Please fill in the information in the top section of the form. Then make your selection by checking the appropriate boxes. Once completed please print and return the form to the Athletic Office or fax the form to 610-343-6220 Attn: Lori Rhoades)

Date Requested: _____ Name: _____

Contact Phone: _____ Contact Email: _____

Usage Date: _____ Time: _____ To _____

Reason: _____

Moderator: _____ Fee Charged: YES NO

Facilities Requested:

Main Gym:

Auxiliary Gym:

Cafeteria:

Class Room:

Weight Room:

Commons:

Other: _____

Special Requests:

Bleachers: In Out Baskets: Up Down

Scoring Table: Sideline Chairs:

TV: VCR:

Other: _____

(Office Use Only)

Request Approved:

