

BISHOP SHANAHAN HIGH SCHOOL

FACILITY USAGE REQUEST FORM

Please fill in the information in the top sections of the form. Make your selections by checking the appropriate boxes. Once completed, please email the form to Carol Loffredo at cloffredo@shanahan.org or print and return the form to the Athletic Office, Attn: Carol Loffredo.

Date Requested: _____ Name: _____

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/Screen:

Projector:

Other: _____

(Office Use Only)

Request Approval: _____
