ST. CLAIRSVILLE-RICHLAND CITY SCHOOL DISTRICT

108 Woodrow Avenue, St. Clairsville, Ohio 43950 • Phone: (740) 695-1624 • Fax: (740) 695-1627 • Website: stcschools.com

FACILITY USAGE FORM

T	DDAY'S DATE _								
NAME OF ORGANIZATION OR GROUP									
APPLICATION MADE BY									
PURPOSE									
FACILITY TO BE RENTED									
	DATE(S) DESIRED								
	TIME	MON	TUES	WED	THURS	FRI	SAT	SUN	
	TO START								
	TO CLOSE								
APPROXIMATELY HOW MANY PERSONS ATTENDING									
CUSTODIAL SERVICES NEEDED YES NO									
SPECIAL EQUIPMENT DESIRED									
APPLICANT'S ADDRESS									
APPLICANT'S PHONE NUMBER									
SI	GNATURE OF B	UILDING SUPE	RVISOR	DATE		_			
Si	gned copies mu	st be sent to ti	he appropriate	persons below	by the Building	Supervisor with	nin 5 days.		
COPIES TO: Maintenance Department High School Principal Superintendent's Office					Athletic Director Building Custodian Requesting Party				