

Berne-Knox-Westerlo Facilities Use Form 2021-22

Please complete the following and return to Linda Fahd in the secondary school office.

Name of the organization requesting use: _____

Name of the person(s) in charge of the requesting organization: _____

Phone number(s): _____

Email address: _____

Purpose of facilities use: _____

Specific facilities needed: _____ Number of participants expected: _____

Additional school equipment requested: _____

Dates requested: _____

If applicable, please submit Certificate of Liability Insurance.

Print Name: _____

Signature: _____ Date: _____