

Facility Usage Request Form

Claysburg-Kimmel High School

Name of requestor: _____

Address: _____

Date/Time(s) of request: _____

Area(s) being requested: _____

Reason: _____

Requestor's signature: _____ Date: _____

Approved _____

Denied _____

Principal signature: _____ Date: _____

Superintendent signature: _____ Date: _____

Athletic Director signature: _____ Date: _____

*Without prior approval, FOBS will not be active for building access. Approval of this form will result in FOB being activated for the approved times only.