

Facility use request form

| First Name | Last Name |
|----------------------------|-----------|
| Phone: | Email: |
| Date Requested: | |
| Event Description: | |
| | |
| | |
| Start Time: | End Time: |
| Number of Guests: | |
| Will you bring any food? | |
| Name of your Organization: | |
| | |
| | |
| Approved By: | |
| BIC President / Secretary | |