BUILDING USE FORM

PLEASE FILL OUT COMPLETELY

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Person in charge	Phone
Email address	
Name of Group	Are you Non-Profit? □Yes □ No
Description of Event	
Dates/ If more than one date, pl	ease list all dates at the bottom of this form.
Arrival time (access to the building)	_ am / pm
End time (time the event ends) am /	pm
Event time (time event starts) am /	pm
Time the building will be completely vacated.	am / pm
What supervision will you provide?	
Approximately how many people are expected	to attend?
Check building requested: ☐ Administration	☐ Adams ☐ Central Park ☐ Chestnut Hill
□ Plymouth □ Siebert □ Wood	lcrest
☐ Jefferson ☐ Northeast	
What rooms & area(s) will be used?	
Please list all other special requests:	
***NOTE If the Kitchen is to be used, spec	rial arrangement with cafeteria supervisor is needed.
Other than concessions, will food be eaten dur	ing the event? \square Yes \square No
If yes, in what area?	

CONCESSIONS

Where will your concession area be located?							
Person in charge of concessions: Name			Phone				
What type of food will b	oe available? (Pleas	e check)					
Hot Food		Packaged Snacks	B	everages			
Popcorn		Candy	О	ther			
How many tables will b	e needed for the co	ncessions area?	Chairs?				
Additional Dates and	Γimes:						
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