

Shrewsbury Borough School
20 Obre Place
Shrewsbury, NJ 07702
732-747-0882 ext: 103 or 104

USE OF FACILITY FORM

FORM MUST BE SUBMITTED TWO WEEKS PRIOR TO EVENT DATE

DATE: _____

NAME: _____

GRADE/PROGRAM: _____

DATE OF PROGRAM: _____

PROGRAM START TIME: _____

PROGRAM END TIME: _____

ROOM/LOCATION: _____

ALTERNATE ROOM/LOCATION: _____

BRIEF DESCRIPTION OF EVENT:

SPECIFIC NEEDS: (Microphone, tables, chairs, etc.) Please be exact.

If there is a special layout, please diagram below or attach a diagram of requested set up:

Contact Person Phone No. _____ Email: _____

Address: _____

Approved: _____ Date: _____