

OFFICIAL USE ONLY:
FAC: _____
B&G: _____
BA: _____

SHREWSBURY BOROUGH SCHOOL
20 OBRE PLACE, SHREWSBURY, NJ 07702
FACILITY COORDINATOR 732-747-0887 X 111

DATE RECEIVED:

DATE: _____

USE OF FACILITY FORM

FORM MUST BE SUBMITTED TWO WEEKS PRIOR TO EVENT DATE

NAME: _____

DATE OF PROGRAM: _____

NAME OF PROGRAM: _____

PROGRAM START TIME: _____ **PROGRAM END TIME:** _____

FOR GRADE(S): _____

ROOM REQUESTED: _____ **ROOM ASSIGNED:** _____

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: _____

Sup. B&G Supt. Board Staff Location