



APPLICATION FOR USE OF SCHOOL FACILITIES

835 East 14TH Street, Suite 200

San Leandro, CA 94577

Phone: 510 895-4132 Fax: 510 667-6234

Name of Organization: _____

District school/site requested: _____

Room or Facility requested: _____

Purpose of Meeting: _____

Expected attendance: _____

Special service or equipment needed: _____

Dates and times requested:

Commencing _____ 20____
Day of Week Month Date

Ending _____ 20____
Day of Week Month Date

Usage: Single Use____ Weekly____ Monthly____ Other ____

Total Hours:_____ Time From:_____ Time To:_____

Other Comments: _____

Applicant Information:

Print Name _____

Signature _____

Title_____ Phone _____

Email _____

Address _____

City, State, Zip _____