

BISHOP GUILFOYLE CATHOLIC HIGH SCHOOL
Facilities Usage Request

***Please email completed form to Michael Cacciotti – mcacciotti@bguilfoyle.org**

Date(s) needed: _____

Group requesting use of the building: _____

Moderator/contact person: _____

Telephone Number: _____ Email: _____

All areas of building needed: _____

Type/description of event/activity: _____

Date request was made: _____

Time needed: _____ (Please be specific regarding duration of time needed)

Technology Needs: _____

Special Needs/Set-Up: _____

In the space provided below diagram any special arrangements of furniture and equipment.

**Note: Waiver of Liability for Use of Facilities Form and Proof of Insurance must accompany the Facilities Usage Request Form.*

Authorization

_____ Approved

_____ Not Approved

_____ Date

Please Note: Requests must be submitted at least two (2) weeks prior to the scheduled event.