

Appendix C

St. Simon the Apostle School  
Facilities Use Agreement

Today's Date: \_\_\_\_\_

Activity: \_\_\_\_\_

Date of Activity: \_\_\_\_\_  
Day Date

Hours: (From) \_\_\_\_\_ (To) \_\_\_\_\_

Area Requested:

1st choice \_\_\_\_\_

2nd choice \_\_\_\_\_

Adult in Charge: \_\_\_\_\_  
Printed Name Signature

Is This a Regularly Scheduled Activity? (Please circle) YES NO

Other Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_