

MANLIUS BUILDING USE AGREEMENT

Name of Organization: _____

Description of the Activity: _____

Contact Person: _____

Date of the Activity: _____

Beginning and ending time: _____

Section of the Building used: ****Please circle one****

Main Gym**Auditorium**Commons**JH/HS Library**Room# _____

3-5 Library Storm Gym**Cafeteria (Multi-Purpose Room) **

Equipment needed (Chairs, Tables, Etc) _____

Approximate number of People Expected: _____

Additional Information: _____

I agree to see that this group understands and complies with the established policies on use of the Bureau Valley Manlius facility.

Date: _____

Sponsor, Chairperson, or Leader: _____

TO SUBMIT: Please turn in requests for 3-5 Library, Storm Gym, JH/Elementary Rooms, & Cafeteria (Multi-Purpose Room) to Jackie
All other requests should be turned in to Renee

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Approved Denied

Athletic/Activities Director Signature _____

Principal's Signature _____
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Technology Referral: _____ Maintenance Referral: _____