

CHAGRIN FALLS EXEMPTED VILLAGE SCHOOLS

FACILITY RESERVATION

Date: _____

(applicant)

(applicant's phone #)

Requests permission for use of

(facility)

at the _____ on _____
(school) (date)

between the hours of _____ and _____

for _____
(event)

in accordance with rules and regulations of the Board of Education of Chagrin Falls Exempted Village School District.

Special Set-up needed:

Signature of Applicant

Date

Signature of Applicant

Date

Copies to: Facilities Office, Building Principal, Head Custodian,