



P.O. Box 10,000 Montrose CO 81402
Phone: (970) 249-7726 Fax: (970) 249-7173

FACILITY USE APPLICATION

Name of Organization _____

Activity/Event _____

Date(s) Requested _____

Facility Requested _____

Hours Requested _____

Special Requests _____

Name of Adult Leader/Supervisor _____

Person signing below shall be the legal agent of the above-named organization/group and, as such, will be responsible for compliance with all of the conditions of the "Facilities Use Agreement".

(Signature) Name _____

Address _____

Date signed _____ Phone _____

Email _____

Principal's Approval: _____
(Signature) Date

Property Services Approval: _____
(Signature) Date

