

FACILITY REQUEST FORM

Date of Request: _____

Requested by: _____
(Name of organization)

Contact person: _____

Contact number: _____

Date being requested: _____
(If requesting multiple dates, please set forth on back)

Location desired: _____

Beginning & Ending Times: _____

Purpose of the request: _____

Note: The submission of this request is not an authorization to utilize space at LCA. A formal authorization will be provided to the above contact person, along with instructions, if necessary, regarding access to the facility. Please note that any space utilized must be left in its original condition. Failure to do so may result in cleaning fees being assessed to the organization and/or individual. If there are special needs/requests for your event, those must be delineated in detail on a separate sheet and submitted with this request.

PLEASE RETURN ALL REQUESTS TO THE OFFICE.