

# **NORTHERN DISTRICT FACILITY REQUEST FORM**

COUNCIL: \_\_\_\_\_

ACTIVITY/PROGRAM NAME: \_\_\_\_\_

CHAIRPERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CO-CHAIRPERSON (if any): \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

	SCHOOL NAME	AREA TO BE USED	DAY(S) REQUESTED	TIME REQUESTED
1 <sup>ST</sup> Choice				
2 <sup>ND</sup> Choice				
3 <sup>RD</sup> Choice				

**REGISTRATION INFORMATION:**

DAY	DATE	TIME	LOCATION

AGE GROUP	FEE

PLEASE USE THE OTHER SIDE TO SUBMIT ANY ADDITIONAL INFORMATION YOU WOULD LIKE PARKS AND REC TO KNOW ABOUT YOUR ACTIVITY