

BELOIT MEMORIAL HIGH SCHOOL

Building Use Form – Return to Mary Lang

Day(s)_____ Date(s)_____

Time Needed for Room_____ Activity Start Time _____

Room(s) or area_____

Purpose_____

Name of person requesting building use

Telephone number/extension

- | | | |
|--|--|--|
| <input type="checkbox"/> Mary Lang | <input type="checkbox"/> Tina Salzman | <input type="checkbox"/> Charles Seils |
| <input type="checkbox"/> Master Calendar | <input type="checkbox"/> Tony Capozziello | <input type="checkbox"/> Library |
| <input type="checkbox"/> Lead Service person | <input type="checkbox"/> Greg Wallendal
(in auditorium or Little Theatre) | |
| <input type="checkbox"/> Food Service | | |

***Please refrain from taping any items to windows in BMHS. Doing so may result in fees for repair. Indicate need for audio visual equipment.**

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