Hollidaysburg Area School District
Athletic Department
Application for Use of Facilities

Name of Organization _____ Today's Date _____

Non-Profit? _____No _____Yes

Contact Person's Name _____Cell Phone _____

Address _____

E-Mail _____

Will an admission fee be charged: _____No _____Yes If yes, amount?_____

Specific purpose of use:_____

_____

_____

Facility Requested: _____

Additional Requests (PA system, scoreboard, lights, etc.) _____

_____

DATE		HOURS		DESCRIPTION
From	To	From	To	(Meeting, Practice, Game, Etc.)

_____ _____

Athletic Director Signature Date