



Tent Request Form

Please return this form to Vito Lodato, Building and Grounds Supervisor, at least on month prior to your event.

Contact Name: _____ Date: _____

Phone: _____ Day-time Phone: _____

Email: _____

Name of Group/Club: _____

Intended Use or Function of Tent: _____

Usage Dates

- Date Tent to be Assembled: _____
- Date(s) Tent to be Used for Function specified: _____
- Date: Tent to be Disassemble: _____

Individuals who Assume Responsibility to assemble/secure by staking/disassemble the tent
(4 minimum are required):

Trustees Use Only:

Approval: Yes No Approval Date: _____ Approved by: _____