

**FACILITY REQUEST**  
**ST. ANTHONY'S**  
**Gymnasium                      Athletic Fields**  
(Please Circle One)

**DATE OF REQUEST:** \_\_\_\_\_

*(Request shall be made at least one week in advance of desired use date and shall be filled out in duplicate.)*

*(Certificate of Insurance must accompany your facility request, listing the Certificate Holder as:*

*The Catholic Diocese of Fresno, 1550 N. Fresno Street, Fresno, CA 93703)*

*(A combined single limit of not less than \$1,000,000 per occurrence, \$2,000,000 aggregate, property damage/ bodily injury \$1,000,000)*

**ORGANIZATION'S NAME:** \_\_\_\_\_

**PERSON REQUESTING:** \_\_\_\_\_

**DAY PHONE NUMBER:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**RELATIONSHIP TO THE SCHOOL:**  
\_\_\_\_\_

**FACILITY DATE(S) REQUEST:** \_\_\_\_\_

**START TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_

**ACTIVITY:** \_\_\_\_\_ **SIZE OF GROUP:** \_\_\_\_\_

**SET-UP EQUIPMENT REQUESTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IS ADMISSION/FEE BEING CHARGED?    YES                  NO    (CHARGE: \$ \_\_\_\_\_)**

**Facility Cost per Hour to Requester \_\_\_\_\_    Total Cost \_\_\_\_\_ for \_\_\_\_\_ Hours**

**(There is a \$70.00 cancellation/date change fee that will be assessed)**

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*Submit the entire form to the Athletic Department.*

**APPROVED**

**DISAPPROVED**

\_\_\_\_\_  
**Athletic Director - Signature**

\_\_\_\_\_  
**Administrator - Signature**

**OFFICE USE ONLY**

**RECEIVED** \_\_\_\_\_

**ENTERED ON CALANDER** \_\_\_\_\_

**DISTRIBUTION:**  
ORIGINAL: ATHLETICS  
DUPLICATE: CONFIRMING COPY