

WESTTOWN-THORNBURY ELEMENTARY SCHOOL  
750 Westbourne Rd.  
West Chester, PA 19382

**USE OF PHYSICAL FACILITIES**

Request use of:

- |                                      |                                   |
|--------------------------------------|-----------------------------------|
| _____ Cafeteria                      | _____ Library during school hours |
| _____ Gymnasium                      | _____ Library after school hours  |
| _____ Sammy's Place                  | _____ Band Room                   |
| _____ Other: _____ (Please describe) |                                   |

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The facility will be used:

Day of the week: \_\_\_\_\_ Date: \_\_\_\_\_ Time: From: \_\_\_\_\_ To: \_\_\_\_\_

Purpose or Use of Facility:

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Following Requirements needed for program:

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\_\_\_\_\_  
Teacher Name

Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Principal's Signature \_\_\_\_\_

Copies: \_\_\_\_\_

File: \_\_\_\_\_

Custodian Name \_\_\_\_\_

Requestor Name \_\_\_\_\_