

Telluride School District Facility Use Application

Date: _____

Name of Group/Organization: _____

Mailing Address: _____

Contact Person: _____

Phone: _____

Fax: _____

Cell: _____

Email: _____

Facility rooms requested: _____

Date(s) requested:

Access times requested:

Type of use: _____

Check all that apply:

Non-profit organization: _____

Participants to pay a fee: _____

Students only: _____

Adults only: _____

Combined students and adults: _____