Request for Use of Concession Stand

Date request submitted: _____

Signature of AD or SAA member accepting request_____
(Date)

Date requested for use: _____

Team requesting the use: _____

Responsible Team parent(s) information for contact:

Name Home phone Cell phone

_____
_____
_____

I/ We agree to take the responsibility for the property of the Schalmont Athletic Association and of the concession stand during our use of the stand. I/We agree to report any problems encountered while using the stand to the SAA and the AD.

_____
(Signature of responsible party and date)

Notes:

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