Special Olympics Alaska Activities Facility Usage Request Form

Organization Name:	Work Phone:		Fax:	
Requester Name:	E-Mail:		Phone:	
Day of Event Contact:		Phone:		
Date(s):	Gate/Doors Open:	Start Time:	End Time:	
Name of Function:		Estimated Attendance:		
Please note user is responsibl	Classroom style	tting room. ics Alaska as additionally i		
PLEASE CHECK T	HE CAMPUS LOCATIONS	AND SERVICES YOU	ARE REQUESTING:	
	5 per hour Sym 5 per hour er hour, must be trained led with Gym – please call		n kplain):	
	'625 ext. 611 to confirm your		prior to your scheduled st	
	To Be Completed by Sp	ecial Olympics Alaska:		
Approval signature:		Date:		
Entrance Use:	g Room) 🗆 Admin (Lower Train	ning Room) 🗆 Main (Used i	for public events only)	
Special Olympics Alaska	70 AK 99501 USA Tel +1 907-222-7625 E2y ±1	1 907-222-6200		

Special Olympics

Alaska

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