

**Fond du Lac Tribal Center**  
**FACILITY USE REQUEST FORM**

**FUNERALS HAVE PRIORITY OVER ANY EVENT OR ACTIVITY**

PURPOSE OF REQUEST: \_\_\_\_\_

Room Requesting: \_\_\_\_\_

Day and Date Desired: \_\_\_\_\_

PLEASE CHECK A CALENDAR TO BE SURE OF DAY/DATE

BEGIN TIME : \_\_\_\_\_ END TIME: \_\_\_\_\_

Please CONFIRM your reservation prior to your event.

*Persons making this request are responsible for leaving the facility in good condition when the event or activity is over.*

NAME OF PERSON MAKING REQUEST: \_\_\_\_\_

AGENCY \_\_\_\_\_

TELEPHONE NUMBER: WORK \_\_\_\_\_ HOME \_\_\_\_\_

\_\_\_\_\_  
Signature of person making request

\_\_\_\_\_  
Date of request

**Facility Use:**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Approved

Denied: