



Group Facility Requestor Information Form



Please complete the information below and return it to CERD@sdmfschools.org for account creation.

Date _____

Name of Group/Club/Scouts/Business _____
(If Scouts, please include Troop number)

What School do you represent (if applicable) _____

What Facility are you interested in reserving? _____

What is the purpose of your room reservation? _____

Name _____ Birthdate _____

Home Address _____

Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____

Email Address _____

Once your account is created, you will receive your login information and directions via email.

Office Use Only
Approved by _____ Date _____
Certificate of Insurance effective dates _____