# Holy Trinity **Gym** Reservation
# Information and Schedule

Please fill out the form completely for all practice dates. Return the form to the office with both signatures at least two week prior to first practice. The head coach may sign out for a key to the north door of the gym after the form is returned. Include set-up time and clean-up times when you enter times "in" and "out".

Name of team/group: _____

Grade & # of students practicing: _____

Name of Head Coach: _____

Phone number: _____ Cell Phone number: _____

Name of Assistant Coach: _____

Phone number: _____ Cell Phone number: _____

*A current roster must be attached Reservation form

I have received and read the Guideline Sheet:

_____ _____

(Coach Signature) (Asst. Coach Signature)

| Date Requested | Time In | Time Out | Date Confirmed |
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(Over)

| Date Requested | Time In | Time Out | Date Confirmed |
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Additional Comments or questions: