



**MATANUSKA-SUSITNA BOROUGH**  
**RECREATIONAL SERVICES DIVISION**  
**FACILITY USE REQUEST**  
 (Long Term Users)  
**BOROUGH GYM**

Name of Organization: \_\_\_\_\_

Name of Representative: \_\_\_\_\_

Mailing Address:
City, State, ZIP:
Telephone Number:
E-mail:

Description of activity: \_\_\_\_\_

Number of people participating: \_\_\_\_\_

DATES		TIMES		DAY OF WEEK						
BEGINNING	ENDING	FROM	TO	S	M	T	W	T	F	S

Please list all dates to be excluded from this request.

\_\_\_\_\_

\_\_\_\_\_

**This is only a request for use. Times are not guaranteed. A contract will be issued confirming time allocated to your organization.**

\_\_\_\_\_  
 Authorized signature of requestor

\_\_\_\_\_  
 Date