RENTAL REQUEST FORM

Uhen Center
St Thomas Aquinas Parish
305 S Second St Waterford, WI 53185
262-534-2255

For STA Athletics Use Only.
Date Received: _____
Date of Approval:_____

*Program or Club:_____ for use of _____.
(Name) (Sport)

*Rental use to begin as of_____(start date) and to end as of _____(end date).

***See Attached Schedule** *or* **Fill In Information Below**

Day/s	Time/s	Grade level/s	Coaches Name/s
M	_____	_____	_____
T	_____	_____	_____
W	_____	_____	_____
Th	_____	_____	_____
F	_____	_____	_____
Sa	_____	_____	_____
Su	_____	_____	_____

_____/_____/_____/_____
Renter Name/ Representative (print) Signature Phone # Date

**Once request is filled out, please email to STAathletics@saintthomaswaterford.org.*
**Please make sure you have reviewed/signed Policies/Procedures Form and Facility Usage/Indemnity Agreement*
**Please make sure to attach all forms and any other schedule/information necessary.*

Rental/Donation amount $_____ to be due _____.
PER: team / session / night / hour / month

Make checks Payable to: **STA Athletics Association**
Memo: Uhen Center Donation

For Office Use Only:
Keys/code issued: _____
Date issued: _____
Date keys returned: _____

_____ _____
STA Athletics Officer / Date STA Administrative Official / Date