

Yarrow Community School Society

Name: _____ Phone: _____ Fax: _____

email _____

Lease request information

Area: _____ Activity: _____

_____ Day of Week: _____

Equipment: _____ Time: _____

Jan. _____	July _____
Feb. _____	Aug. _____
Mar. _____	Sept. _____
April _____	Oct. _____
May _____	Nov. _____
June _____	Dec. _____

Lessee Signature _____ Date _____

Administrator _____ Coordinator _____