



FORTITUDE FOUNDATION, INC.

Excellence | Public Service | Social Responsibility

Facilities Request/ Approval Form

Committee: _____ Chapter Meeting _____

Committee Chair: _____

Date(s) of use*: _____ Start _____ End _____

*For multiple dates please attach a separate sheet Time Time

Set-up: Date _____ Start _____ End _____
Time Time

Room Requested (Note – All requests are contingent on availability):

1) Large Auditorium w/o Kitchen _____ 2) Large Auditorium w/Kitchen _____

Opening Checklist Completed _____ (See Attached)

Opener _____
Signature

3) General office w/Kitchen _____ 4) General Office w/o Kitchen _____

5) Conference Room w/Kitchen _____ 6) Conference Room w/o Kitchen _____

Properties requested: Tables _____ Linens _____ Electronic Equipment _____

Other _____ (Please specify)

Cleanup Committee:
(To be assigned by Committee Chair or Facility Manager)

Closing Checklist Completed _____ (See attached)

Closer _____
Signature

For use by Fortitude Foundation only

Approved _____ Date _____ Approved _____ Date _____
Scheduler 1 Scheduler 2

Date unavailable _____ Date _____ Date unavailable _____ Date _____
Scheduler 1 Scheduler 2

- CC: Facilities Manager
- Fortitude Chair
- Facility Opener
- Facility Closer
- Property Chair