



6696 Rockville Road
 Indianapolis, IN 46214
 (317) 241-9451

OUTDOOR FACILITY USE

_____ would like to request the use of the
 (Person's name OR Name of Organization)

_____ Shelter House

Date needed _____ Time: _____ to _____

_____ Softball Diamonds

Date needed _____ Time: _____ to _____

_____ Other (please specify _____

Date needed _____ Time: _____ to _____

Requesting party signature _____

Address _____

Phone _____ Today's Date _____



Westlake staff signature _____

* Must be signed by a staff member