

Event _____

Event Start and End Time _____

Event Coordinator Information	
Name _____	Phone _____
Email _____	

Event Set-Up	
Date: _____	Time: _____
Contact Name _____	
Contact Phone Number _____	

Event Tear-Down	
Date: _____	Time: _____
Contact Name _____	
Contact Phone Number _____	

Rooms / Areas Requested

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Commons | <input type="checkbox"/> Elementary Bathrooms | <input type="checkbox"/> Art Room / Preschool | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Staff Lounge / Bathroom | <input type="checkbox"/> Science Room | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Music Room |
| <input type="checkbox"/> Elementary Room | <input type="checkbox"/> Library | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Locker Rooms |
| <input type="checkbox"/> Elementary Project Room | <input type="checkbox"/> Secondary Bathrooms | <input type="checkbox"/> Ottortorium | <input type="checkbox"/> Shop / Pottery |
| <input type="checkbox"/> Middle School Room | <input type="checkbox"/> Secondary Room | <input type="checkbox"/> Gym Area / Bathrooms | <input type="checkbox"/> Field |

Other: _____

Furniture Requested

Please indicate number of chairs/tables needed

- | | | | |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Red Stacked Chairs (72) | <input type="checkbox"/> Small Round Tables (12) | <input type="checkbox"/> Stage / Stairs | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Multi-Colored Chairs (75) | <input type="checkbox"/> Large Round Tables (4) | | _____ |
| <input type="checkbox"/> Maroon Chairs (19) | <input type="checkbox"/> Rectangle Tables (7) | | _____ |

Equipment Requested

To reserve sound and/or light equipment, please complete the detailed check out form available at the front office.

- | | | | |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> Sound Equipment | <input type="checkbox"/> Projector | <input type="checkbox"/> Screen | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Light Equipment | <input type="checkbox"/> Desk Speakers | <input type="checkbox"/> Extension Cords | _____ |
| <input type="checkbox"/> Gym Equipment | <input type="checkbox"/> Instruments (list details below) | | _____ |

Cleaning Items Requested

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Cleaning Cart & Supplies | <input type="checkbox"/> Mop and Bucket | <input type="checkbox"/> Paper Products | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Dust Mop | <input type="checkbox"/> Vacuum | <input type="checkbox"/> Trash Bags | _____ |
| | | <input type="checkbox"/> Training Session | _____ |

Special Accomodations Requested

Event Coordinator Signature _____ Date _____

School Principal Signature _____ Date _____