

# Request for School Facility

\*\*\*THIS FORM MUST BE SUBMITTED AT LEAST TWO WEEKS IN ADVANCE\*\*\*

TODAY'S DATE \_\_\_\_\_

EVENT DATE: \_\_\_\_\_ (example: Monday, May 15, 2000)  
Day of week                      Month                      Date/Yr

USE TIME: From \_\_\_\_\_ to \_\_\_\_\_

SET UP TIME: From \_\_\_\_\_ to \_\_\_\_\_

EVENT: \_\_\_\_\_ Est. Number of people: \_\_\_\_\_

Person Making Request: \_\_\_\_\_ Phone #: \_\_\_\_\_

Group: \_\_\_\_\_ E-mail: \_\_\_\_\_

School Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

## FACILITY REQUESTED

_____ SLC/Multipurpose Room	_____ Library	_____ Baseball Field
_____ Gymnasium	_____ Rugby Field	_____ Other _____
_____ Little Theater	_____ Football Field	_____ Other _____
_____ LT Kitchen	_____ Soccer Field	_____ Other _____

## EQUIPMENT REQUESTED

_____ Round Tables	_____ Risers
_____ Long Tables	_____ Bar-B-Que
_____ Podium	_____ Other
_____ Trash Cans	_____ Other

## TECHNOLOGY REQUESTED

_____ VCR
_____ Projector/Screen
_____ T.V.
_____ Other

COMMENTS: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**REMINDER: This is a facility request that is subject to approval by the Administration. Completion of this form does not guarantee permission to use the facility requested.**

APPROVED  DEAN'S SIGNATURE: \_\_\_\_\_

DENIED  DATE: \_\_\_\_\_