

## Veterans Memorial Early College High School Facilities Request Form

Date Requested: (Today's Date) \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Setup Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Note: Please be advised that you will need to meet with Mr. Cisneros, Maintenance Supervisor, for all set up arrangements. Also, if you will be needing additional tables and chairs, please request them from the Maintenance Dept. (unless arrangements have been made with Mr. Cisneros). TECHNOLOGY: Any technology equipment/setup, will need to be requested from Media Services if the event is after office hours, over the weekend, and/or during the summer. If you have any questions, please call or email Laura M. Gomez (956) 574-5608 or lmgomez@bisd.us**

Location Request 1 \_\_\_\_\_ Instructions: \_\_\_\_\_

Location Request 2 \_\_\_\_\_ Instructions: \_\_\_\_\_

Location Request 3 \_\_\_\_\_ Instructions: \_\_\_\_\_

Location Request 4 \_\_\_\_\_ Instructions: \_\_\_\_\_

For additional locations and/or equipment needed, please call or email **Laura M. Gomez**

Equipment Needed 1 \_\_\_\_\_ Instructions: \_\_\_\_\_

Equipment Needed 2 \_\_\_\_\_ Instructions: \_\_\_\_\_

Equipment Needed 3 \_\_\_\_\_ Instructions: \_\_\_\_\_

Equipment Needed 4 \_\_\_\_\_ Instructions: \_\_\_\_\_

Equipment Needed 5 \_\_\_\_\_ Instructions: \_\_\_\_\_

Equipment Needed 6 \_\_\_\_\_ Instructions: \_\_\_\_\_

# of People Expected: \_\_\_\_\_

Instructions/Notes: \_\_\_\_\_

Name of Person/Dept \_\_\_\_\_

Requesting: \_\_\_\_\_

Contact Person (if different from person requesting): \_\_\_\_\_

Contact Phone #/Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: _____	Police/Security Needed: _____	If Yes, Date Request Received: _____
	Received Request: _____	

**Approved By:**

Juliana Topote (Auditorium)	Date: _____	Kelley Lee (Gym/Stadium)	Date: _____	Library: Name: _____
Maurico Salazar (Cafeteria)	Date: _____	GY. Sgt. Williams (MCJROTC)	Date: _____	Date: _____
Notified: C Lecture Hall Teachers:	Date: _____	B Lecture Hall Teachers:	Date: _____	Added Calendar: Classroom Teachers: Date: _____

Notes: \_\_\_\_\_

**Approved by:**

Dr. N.L. Gallegos,  Yes  No Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
Principal

Please be advised that there may be a fee for Custodial Supplies used, Over-Time for Custodial Staff, and Police/Security unless arrangements have been previously made with Dr. N.L. Gallegos, Principal.