

Request for Use of School Facilities

Date of Actual Event: _____ Time of Actual Event: _____

Date Facilities Request submitted: _____

Facilities Requested		
Event Name/Description:		
Room Number or Area Description	Date and time you need to start using the area.	Date and time you will be finished using the area.

Please respond to the following if facilities are being requested for a time in which school is not in session.

Will you need an adjustment to HVAC (Heat/Air) during time of use? Yes / No
If "yes" please add details: _____

Will you need an adjustment to Outside Lighting during time of use? Yes / No
If "yes" please add details: _____

Will large amount of parking be necessary? Yes/No
If "yes" please add details: _____

Custodial Services

Of Custodians needed: _____ Start time: _____ End Time: _____

Funding Source: _____

Please describe your plan for cleanup if custodians are not requested:

Submit to Mr. Simmons after required signatures obtained.

Teacher Signature: _____ Date: _____

*Auditorium Coordinator Signature: _____ Date: _____

*Athletic Director Signature: _____ Date: _____

*AD for Cafeteria Signature: _____ Date: _____

*Library Media Specialist Signature: _____ Date: _____

* Lecture Hall Eagle Studio #304 Signature: _____ Date: _____

Mr. Simmons Signature: _____ Date: _____