



BUILDING USE/EVENT CALENDAR REQUEST FORM

For use by faculty, staff, and school-affiliated organizations.
This form must be submitted a minimum of 72 hours before the event.

Requester Name: _____ **Club/Organization:** _____

Requester Signature: _____ **Date of Submission:** _____

Purpose for using facility: _____

Date(s) desired of activity: _____

Time of activity: From _____ To _____

Actual event time: From _____ To _____

Estimated attendance: _____

Room(s)/Area(s) requested:

Cafeteria Gym Stage Locker Room(s) LMC Other _____

Classroom(s) _____ Field(s) _____

Equipment needed & quantity:

Chairs ____ Bleachers ____ Risers ____ Tables ____ Extension cords ____

Audio Video Lighting Other _____

Describe setup needed, if any: _____

Approvals/Signatures required:

No Yes Police Required (per principal) Contacted by _____

No Yes Fire Marshall Required Contacted by _____

No Yes Student Activity Coordinator _____ Date: _____

No Yes Team Leader _____ Date: _____

No Yes Custodian _____ Date: _____

No Yes Director of Fine Arts _____ Date: _____

No Yes Athletic Director _____ Date: _____

No Yes Building Administrator _____ Date: _____

No Yes Superintendent _____ Date: _____