



# FACILITY USAGE REQUEST

Request School Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Day Telephone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email: \_\_\_\_\_

Company Insurance Name: \_\_\_\_\_ Coverage Dates: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

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

Room (s): \_\_\_\_\_

Number Attending: \_\_\_\_\_ Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Required Maintenance Services:

Audio Visual

Extra chairs needed: \_\_\_\_\_

Custodial

Parking Spaces needed: \_\_\_\_\_

Electrical

Event Set-up

Event Break Down

Additional Requirements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_