

# **USE OF FACILITIES**

***THIS FORM MUST BE USED TO RESERVE ROOMS***

NAME/REQUESTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

TYPE OF EVENT/NAME: \_\_\_\_\_

DAY (s) of WEEK: \_\_\_\_\_

DATE OF USE: \_\_\_\_\_

TIME FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**(PLEASE CHECK)**

MIDDLE SCHOOL AUDITORIUM

HIGH SCHOOL AUDITORIUM

CAFETERIA

COURTYARD

COCHRAN GYM

FARRAGUT GYM

GREEN GYM

HIGH SCHOOL LOBBY

LIBRARY

LECTURE ROOM

MS SPECIAL ED CONFERENCE ROOM

BURKE ESTATE

HILLSIDE FIELD

HILLSIDE FIELD

REYNOLDS FIELD

CLASSROOMS(s)

OTHER: \_\_\_\_\_

**SPECIFIC SET-UP/REQUESTS**

PRINCIPAL AUTH: \_\_\_\_\_ DATE: \_\_\_\_\_