

**REQUESTS MUST BE MADE AT LEAST
10 SCHOOL DAYS PRIOR TO EVENT.**

***Please submit this form to
Cedric.Walker@ocsdsc.org &
Clarence.Holman@ocsdsc.org
Olando.Joyner@ocsdsc.org*



Tables/Chairs Request Form

Site/School: _____ Date: _____

Person making request: _____

Supervisor/Principal's Signature: _____

Rectangle Tables: _____ Round Tables: _____

Number of Chairs: _____

Reason for request and Date needed:

Where will tables and/or chairs be placed?

Please make sure all tables and chairs are returned. Schools will be responsible for all damages to tables and chairs.

Official use only: _____ Approved _____ Not approved

Items Received by (Signature): _____

Returned by (Signature): _____

Damaged or missing: _____