

Baker PTA  
USCSD Facilities Permit Request Form

Event Title: \_\_\_\_\_

Brief Event Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location (Building and Room(s)): \_\_\_\_\_

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

Is this recurring? (YES / NO) If yes, what is the pattern? : \_\_\_\_\_  
\_\_\_\_\_

Event Times (please include any time needed to set up and tear down): \_\_\_\_\_  
\_\_\_\_\_

**Attendance:**

Approximately how many adults will attend? \_\_\_\_\_

Approximately how many children will attend? \_\_\_\_\_

**Set-Up/Custodial Needs:**

Custodial needs specific to event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Set-up needs specific to event: \_\_\_\_\_

---

---

Approximately how many tables and chairs are needed for event: \_\_\_\_\_

---

---

Please provide a brief summary of desired event set-up:

---

---

---

Please return completed form to Baker PTA Vice President  
([ptavp.baker@gmail.com](mailto:ptavp.baker@gmail.com)) or leave in the PTA mailbox in the Baker main office.

Approval times can vary, so please request well in advance. Thank you!