

LHS Weekend Custodial Needs Form

Date Submitted: _____

Advisor Name: _____ Contact Number: _____

Activity Request Attached

Activity Name: _____

Description of Activity:

Date of Activity: _____ Time of Activity: _____

Time Custodial Support Is Needed (**Minimum of 4 hours - consecutive**)

Custodial Start time: _____ Custodial End Time: _____

Location: _____

Custodial Duties:

Supplies Needed: _____