Orchard Park Central School District

ACTIVITY PERMIT REQUEST FORM

Building Requested	Day &	Date of Activity	_
Event			
Time: Start	End		
Person in charge of event (requ	estor)		Phone#
Chaperones			
Special Police			
Check Area/Areas Needed for Activ	ity:		
Auditorium/Cafetorium Cafeteria-	Small/Large A	ux Gym Gym Field	ls (Specify)
Classroom Foyer Kitchen	_ Library Pool	Other	
Please circle special equipment nee	ded for activity a	nd amount of each:	
Chairs: Tables: A	udio Visual:	Projector/Screen:	Other:
**Technology equipment needed to	be entered into	Computer Services Help L	Desk by requestor.
Please approve/disapprove build	ding permit and	return to the Buildings	& Grounds office. Thank ye
Building Superintendent/Principal	-	_	-
Supervisor of Buildings & Grounds		Date:	
PERMIT#			
For delivery by US mail: Address:			