

Staff and PTA Building Use Application

Your Name(s) _____ Date Submitted _____

IF THERE ARE ANY CHANGES IN THIS REQUEST AFTER IT IS SUBMITTED,
YOU MUST NOTIFY THE OFFICE.

Name of Event _____

Approx. Number of People Attending:

Adults _____ Students _____ Grade(s) _____

EXACT time of event: From _____ To _____

Set-up time needed before event: _____

Time needed after event: _____

*Single Date Requested: _____ Hours: From _____ To _____
(day and date)

*Weekly Date Requested:

Day of Week: _____ Months: From _____ To _____

*Random Dates Requested: _____

Room(s) Needed:

_____ Gym _____ Stage _____ Activity Room _____ Foyer _____ Other

➔ Please use other side to draw diagram of your desired set-up.

Room Setup:

___ podium _____ trash cans

___ speaker system _____ microphone

___ # of lunch tables _____ # of chairs

___ # of banquet tables

___ other: _____

Audio/Visual:

___ projector cart
(w/ adapter, speakers & clicker remote)

___ laptop computer

___ internet access on a personal device

___ sound system for presentation

Approved Date _____ Principal's Signature _____

For Office Use Only: Custodial LRC