

Staff and PTA Building Usage

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 _____ Grades(s) _____

EXACT TIME OF EVENT: From _____ To _____

Set-up time needed before event: _____

Time needed after event: _____

***Single Date Requested:** _____
(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 setup. ➡

Room Setup/Presentation Needs:

____ podium

____ microphone

____ # of lunch tables

____ laptop computer

____ # of banquet tables

____ internet access on a personal device

____ # of chairs

____ sound system for presentation

____ trash cans

____ screen

____ other: _____

Approved Date _____ **Principal's Signature** _____

For Office Use Only: ☐ Custodian