**State Bridge Crossing Elementary School Facility Use Request Form**

Today’s Date:­­\_\_\_\_\_\_\_\_\_\_\_ EVENT DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Requested by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Requested for (Individual/Group Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone Number(s): Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Purpose of Event/Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Event Time: From: \_\_\_\_\_\_\_\_\_ AM/PM To:\_\_\_\_\_\_\_\_\_\_ AM/PM

Building Use From:\_\_\_\_\_\_\_\_\_\_\_ AM/PM To: \_\_\_\_\_\_\_\_\_\_\_ AM/PM (Building closes at 7:00PM)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requested Location: (Please check one.)**

 \_\_\_\_ Cafeteria \_\_\_\_ Science Force Room

\_\_\_\_ Art Room \_\_\_\_ Administrative Conference Room

\_\_\_\_ Media Center \_\_\_\_ Counseling Conference Room

\_\_\_\_ Gym \_\_\_\_ Outdoor Classroom

\_\_\_\_ Multipurpose Room \_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Room Set-Up Request:**

\_\_\_\_\_\_ Number of chairs needed \_\_\_\_\_\_ Number of tables needed

(Please use the back of this form to draw the room set-up if a specific arrangement is required)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Equipment Request: (Please check all that apply.)**

\_\_\_\_\_\_ Microphone \_\_\_\_\_\_ Sound System \_\_\_\_\_\_ Podium \_\_\_\_\_\_\_ Screen

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return this form to Lindsay Kyle, Assistant Principal At least 2 weeks prior to the activity**

Approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been notified of new date/time/location. Date:\_\_\_\_\_\_\_\_\_\_\_\_