

State Bridge Crossing Elementary School
Facility Use Request Form
2017-2018

Today's Date: _____ **** EVENT DATE: _____**

Requested by: _____

Requested for (Individual/Group Name): _____

Phone Number(s): Home _____ Work _____

Purpose of Event/Meeting: _____

Event Time: From: _____ AM/PM To: _____ AM/PM
(circle one) (circle one)

Building Use From: _____ AM/PM To: _____ AM/PM (Building closes at 7:00PM)
(circle one) (circle one)

Requested Location: (Please check one.)

- | | |
|-------------------------|--------------------------------------|
| _____ Cafeteria | _____ Science Force Portable |
| _____ 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: _____