

Room Request Form

Event: _____

Actual time of event: _____ to _____ Time room is needed: _____ to _____

Event is: One Time Only Weekly _____ Monthly Other: _____
Day of the week

Date Beginning: _____ Date Ending: _____

Room(s) : _____

Contact Person: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Usage Information

Number Expected: _____ Equipment Needed: _____

Chairs Needed: Yes No # Needed: _____

Tables Needed: Yes No # Needed: _____

If Requesting Nursery, List Names of Adults/Teens Who Will Supervise: (Minimum of two (2) attendants required.)

1. _____ 2. _____

Room Diagram

(Please include approximate location of tables, doors and windows)

Approved: Yes No Date: _____ Copies to: Maintenance School Customer

Deposit: \$ _____ Room Fee: \$ _____ Custodial Fee: \$ _____