

FINDLEY OAKS CALENDAR REQUEST FORM

PLEASE SUBMIT COMPLETED FORM TO CINDY LAMB

Today's Date _____

Date of Event: _____

Person making request _____

Type of activity: _____

of people expected to attend: _____

FINDLEY OAKS FACILITY REQUEST FORM

Room or area of school being requested: _____

Time of Event _____ **Time facility needed (set up/take down)** _____

Contact person who will be present during use of the facility:

Name: _____ Phone number: _____

Circle items needed for room set-up:

Microphone	Computer	# chairs needed	_____
LCD Projector/Screen	Beverage/Food Tables	# of tables needed	_____
Audio Equipment	Other _____		

Circle doors to unlock:

Main Office	J Hall	Bus Doors	Time doors unlocked: _____
Atrium	K Hall	Gym	
Recess	P Hall	Food Court	

If you would like the room set up in a special manner, please draw a picture below:

Will your activity change the lunch schedule? No Yes (See Cindy)

.....
Request approved: Yes _____ No _____

Calendar updated: By _____ **Date:** _____

Date Air/Heat Ordered: By _____ **Date:** _____ **Notification #** _____

Notified: Cleaning Crew- YES/NO **YMCA-** YES/NO

CC: Media Specialist, Custodian, Other _____