



# Reynolds High School Facility Request Form

(Please complete five weeks prior to any event)

Name of Group: College & Career Ctr, AVID, Counseling

Name of Requestor: Shannon Selby, CCC Coordinator

Contact Info: Phone: (503) 667-3186 x1070 Email: sselby@rsd7.net

Description of Function: FCMC College Night = Presentation to Students & Families RE: College Access (4 TOPICS) @ English & Spanish

Is this event a fundraiser?  No  Yes *If yes, you must also submit a Fundraiser Request Form*

Facility Requested (i.e. classroom, gym, MPR, auditorium, etc.):

Commons/College & Career Center

Date(s) of Event: 10/26/2023 Day(s) of Week: Thursday Time of Event: 6-7:30pm  
Check Availability on Master Calendar Prior to Submitting Request <http://rfs1> <http://rsd7.tandemcal.com/>

Total Time (Including set-up & take Down): 2 HRS

Name of RSD Staff Member present at event: Shannon Selby, Lisa Madrylan, David Eldridge

Contact Info (if different than requestor) Phone: N/A Email: \_\_\_\_\_

### Set-Up Requested:

<input checked="" type="checkbox"/> Chairs	<input checked="" type="checkbox"/> Sound System	<input checked="" type="checkbox"/> Projector/Screen
<input type="checkbox"/> Oblong Tables	<input type="checkbox"/> Bleachers (gym only)	<input type="checkbox"/> Off Hour Custodial (additional cost)
<input checked="" type="checkbox"/> Round Tables	<u>100</u> Number of People attending	

*If specific layout is needed, please attach a diagram*

### Office Use Only

<input type="checkbox"/> Event Approved	<input type="checkbox"/> Event Denied
<input type="checkbox"/> Added to Master Calendar	
Copy sent to:	<input type="checkbox"/> Requestor <input type="checkbox"/> Custodial <input type="checkbox"/> Activities <input type="checkbox"/> Athletics <input type="checkbox"/> Main Office Reception <input type="checkbox"/> Arts Coordinator <input type="checkbox"/> Other: _____
Date Received: <u>9/13/23</u>	Reviewed By: <u>D. Archie</u>
Signature: <u>[Signature]</u>	Date: <u>9/20/2023</u>