



# Reynolds High School Facility Request Form

(Please complete five weeks prior to any event)

Name of Event: RHS 1st Club Meeting Kick-Off

Name of Group: RHS Gender Sexuality Alliance

Name of Requestor: Annarie Wergeland

Contact Info: Phone: 503-860-9954 Email: awergeland@rsd7.net

Description of Function: GSA has over 80 student members & our first meeting draws the biggest group. Mtgs hereafter will be in rm 624, but it will help to have 1st mtg in MPR.

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

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

MPR

Date(s) of Event: 10/2/23 Day(s) of Week: Monday  
*Check Availability on Master Calendar Prior to Submitting Request <http://rhs.reynoldssd7.tandemcal.com/>*

Set-Up time: 2:30pm Start time: 3:15pm End time: 4:30pm Breakdown/Departure time: 4:45

Name of RSD Staff Member present at event: Annarie Wergeland & Kevin Helfman

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

Set-Up Requested:

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Chairs       | <input checked="" type="checkbox"/> Sound System | <input type="checkbox"/> Projector/Screen                     |
| <input checked="" type="checkbox"/> Round Tables | <input type="checkbox"/> Bleachers (gym only)    | <input type="checkbox"/> Off Hour Custodial (additional cost) |
| <input type="checkbox"/> Rectangular Tables      | <u>80</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<br><input type="checkbox"/> Athletics <input type="checkbox"/> Main Office Reception <input type="checkbox"/> Arts Coordinator<br><input type="checkbox"/> Other: _____ |

Date Received: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_