



# Reynolds High School Facility Request Form

(Please complete five weeks prior to any event)

Name of Event: \_\_\_\_\_

Name of Group: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

Contact Info: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Function: \_\_\_\_\_

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

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

Date(s) of Event: \_\_\_\_\_ Day(s) of Week: \_\_\_\_\_

*Check Availability on Master Calendar Prior to Submitting Request <http://rhs.reynoldssd7.tandemcal.com/>*

Set-Up time: \_\_\_\_\_ Start time: \_\_\_\_\_ End time: \_\_\_\_\_ Breakdown/Departure time: \_\_\_\_\_

Name of RSD Staff Member present at event: \_\_\_\_\_

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

### Set-Up Requested:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Chairs             | <input type="checkbox"/> Sound System         | <input type="checkbox"/> Projector/Screen                     |
| <input type="checkbox"/> Round Tables       | <input type="checkbox"/> Bleachers (gym only) | <input type="checkbox"/> Off Hour Custodial (additional cost) |
| <input type="checkbox"/> Rectangular Tables | _____ Number of People attending              |   |

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

### Office Use Only

Event Approved  Event Denied

Added to Master Calendar

Copy sent to:  Requestor  Custodial  Activities

Athletics  Main Office Reception  Arts Coordinator

Other: \_\_\_\_\_

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

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