



# Reynolds High School Facility Request Form

(Please complete five weeks prior to any event)

Name of Event: Student Centered Coaching Training

Name of Group: Teaching and Learning-Instructional Coaches

Name of Requestor: Donna Servignat

Contact Info: Phone: 503.661.7200 x3761 Email: dservignat@rsd7.net

Description of Function: Training for district instructional coaches

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: 2/14, 2/15, 4/10, 4/11 Day(s) of Week: Wed/Thurs  
Check Availability on Master Calendar Prior to Submitting Request <http://rhs.reynoldssd7.tandemcal.com/>

Set-Up time: 7:30 am Start time: 8:30 am End time: 3:30 pm Breakdown/Departure time: 4:00 pm

Name of RSD Staff Member present at event: Donna Servignat

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

Set-Up Requested:

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Chairs       | <input checked="" type="checkbox"/> Sound System | <input checked="" 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>50</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: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

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