



# Reynolds High School Facility Request Form

(Please complete five weeks prior to any event)

Name of Event: CTE Recognition Event

Name of Group: CTE/Rotary

Name of Requestor: Donna Servignat

Contact Info: Phone: 503.661.7200 x3716 Email: dservignat@rsd7.net

Description of Function: Dinner and recognition of CTE students

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: May 14, 2024

Day(s) of Week: Tuesday

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

Set-Up time: 3:00 pm Start time: 5:30 pm End time: 7:30 pm Breakdown/Departure time: 8:00 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 checked="" type="checkbox"/> Rectangular Tables | <u>150</u> 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: \_\_\_\_\_