



# 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**

- |   |                                       |  |   |
|---|---------------------------------------|--|---|
| <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: \_\_\_\_\_