

Today's Date: _____

Requester Name: _____

Requester Email: _____

Requester Phone #: _____

Date Received @ Main/Finance Office: _____

Schedule Activity/Meeting

Transportation Request

ARF Date Change

Old Date: _____

New Date: _____

PLEASE RETURN TO ESTHER/BRIAN AT LEAST TWO WEEKS PRIOR TO EVENT

DESCRIPTION OF EVENT/ACTIVITY:

FACILITY RESERVATION

BUS RESERVATION

Date: _____ # of Attendees: _____

Set-Up/Start Time: _____ End Time: _____

- | | |
|---|--|
| <input type="checkbox"/> Room 301 | <input type="checkbox"/> Big Gym |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Small Gym |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Football Field |
| <input type="checkbox"/> Library | <input type="checkbox"/> Softball Field |
| <input type="checkbox"/> Dance Studio | <input type="checkbox"/> Baseball Field @ Dana |
| <input type="checkbox"/> Fitness Center | <input type="checkbox"/> Other _____ |

Date: _____

Pick-Up Time at PLHS: _____

Pick-Up Time for Return to PLHS: _____

Destination: _____

Address: _____

Number of Passengers: _____ + _____
Students Adults

Source of Funding: _____
(Budget number, ASB/Booster Account or....)

Services/Equipment/Materials Requested:

(Services after/outside school hours have a cost!)

<u>CUSTODIAL</u>	<u>TECHNOLOGY</u>	<u>SECURITY</u>
<input type="checkbox"/> Chairs # _____	<input type="checkbox"/> Microphone	<input type="checkbox"/> CSAs- _____ hrs.
<input type="checkbox"/> Tables # _____	<input type="checkbox"/> Laptop	Other: _____
<input type="checkbox"/> Podium	<input type="checkbox"/> Doc Camera	_____
<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Screen	_____
<input type="checkbox"/> Lights/Lighting	<input type="checkbox"/> Projector	_____
<input type="checkbox"/> Gym Bleachers	<input type="checkbox"/> Sound Crew	_____
	<input type="checkbox"/> Stage Lighting	

Chaperone 1 Name: _____

Chaperone 1 Cell #: _____

Chaperone 2 Name: _____

Chaperone 2 Cell #: _____

Name of responsible Staff/Faculty Sponsor and event supervisor *(if different than above)*: _____

T-Form # _____ Date Confirmed _____

APPROVALS

Departments involved must confirm and approve facility requests first

CUSTODIAL	ATHLETICS	TECHNOLOGY	ASB	PAC	LIBRARY	ADMIN
G. Lang	A. Van Heuven C. Frasca	J. Medina	A. Denney	A. Chagnon	L. Cooper	H. Becker

Added to Master Calendar on _____ by _____