FACILITY RENTAL REQUEST

TODAY’S DATE: _____________

SCHOOL YOU ARE REQUESTING: _______________________________

ORGANIZATIONAL NAME/ACTIVITY: _______________________________

NAME OF RESPONSIBLE PARTY: _______________________________

DATE REQUESTED: __________________________________________________________________

TIME REQUESTED: __________ (Time of Event)

Open Time: __________ (am/pm)

Leave Time: __________ (am/pm)

EQUIPMENT NEEDED (Please indicate quantity needed):

- Overhead____
- TV/VCR/Screen____
- PA____
- Tables_____  
- Chairs__
- Desk_____  
- Risers____
- Flags Posted_____  
- Stage Lighting (Auditorium Only): ______

GENERAL INFORMATION:

ROOM REQUESTED (IE: gym, library, classroom, commons): _____________

WILL FOOD OR DRINK BE SERVED: _________________________________

NUMBER OF PEOPLE ATTENDING: _________________________________

DRESSING AREA REQUIRED: ______________________________________

CONTACT PERSON:

NAME: ________________________________________________________

PHONE/EMAIL: ________________________________________________

Please send completed form to d49facilityrentals@d49.org for processing.