



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.