



DAY FACILITY RESERVATION

EVENT DATE _____

EVENT NAME _____

PERIOD _____ START TIME _____ END TIME _____

FACILITY NEEDED

- CAREER CENTER
- COMMONS
- FORUM
- LIBRARY
- GYM
 - Main Bleachers (*west*)
 - Small Bleachers (*east*)
- RESOURCE AREA
 - Bay
 - Sky
 - Mountain
- CLASSROOM Room #'s _____
- FOOD -- will any food be served?
 - No
 - Yes (If you plan to serve food, you must contact Marcy Brown (x5141) & receive permission.)

SPECIAL EQUIPMENT/SET-UP *(please clean up after event, e.g., litter)*

- TABLES # _____ (type?) _____
- CHAIRS # _____
- LAPTOP
 - Speakers
 - Internet
 - Guest Login
- PROJECTOR
 - Doc Camera
 - DVD Player
 - VHS Player
- OVERHEAD
- MICROPHONE # _____
- SCREEN
- TV
 - DVD Player
 - VHS Player

ORGANIZATION/GROUP _____

CONTACT PERSON _____ PHONE/EXT _____

RETURN TO: LeAnn Young – Activities/Athletics Office

RESERVATION CONFIRMED

BY _____ DATE _____

- Copies as needed to:
- Peter Odushkin, Custodial
 - Jason Parker, Forum
 - Marcy Brown, Food Service
 - Other _____