

TODAYS DATE: _____

DATE OF ACTIVITY: _____

JONES ELEMENTARY FACILITY REQUEST FORM

TO REQUEST USE OF FACILITY FOR ACTIVITY TO BE LISTED ON MASTER CALENDAR

* MUST TURN IN TO OFFICE SECRETARY TWO WEEKS BEFORE EVENT *

YOU WILL RECEIVE AN EMAIL NOTIFICATION ONCE PROCESSED

ACTIVITY DATE: _____ START TIME: _____ END TIME: _____

ORGANIZATION: _____ PURPOSE: _____

CONTACT PERSON: _____ PHONE: _____

EMAIL: _____

____ SCHOOL WEBSITE ____ SCHOOL MARQUEE ____ STAFF BULLETIN

FACILITY / AREA REQUESTED:

____ AUDITORIUM ____ CAFETERIA ____ LIBRARY

____ CLASSROOM (RM ____) ____ BATHROOM ____ LOUNGE

____ OTHER: _____

PLEASE EXPLAIN

EQUIPMENT USE AND SET-UP REQUIRED:

____ CHAIRS ____ TABLES ____ PA SYSTEM ____ DVD

____ OTHER: _____

PLEASE EXPLAIN

FOR STAFF USE ONLY:

____ APPROVED ____ DENIED ____ CONFLICT ____ MASTER CALENDAR

ROUTE TO STAFF:

____ BSS ____ PM CUSTODIAN ____ STAFF MEMBERS RM. ____ ACTIVITY REQUESTOR