

Susan B. English School - Building Use Detail

2018-19

Organization _____

Date of Event _____

Event _____

Event Start and End Time _____

| Event Coordinator Information | |
|-------------------------------|-------------|
| Name _____ | Phone _____ |
| Email _____ | |

| Event Set-Up | |
|----------------------------|-------------|
| Date: _____ | Time: _____ |
| Contact Name _____ | |
| Contact Phone Number _____ | |

| Event Tear-Down | |
|----------------------------|-------------|
| Date: _____ | Time: _____ |
| Contact Name _____ | |
| Contact Phone Number _____ | |

Rooms / Areas Requested

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Commons | <input type="checkbox"/> SPED Room | <input type="checkbox"/> Secondary Bathrooms | <input type="checkbox"/> Ottortorium |
| <input type="checkbox"/> Staff Lounge / Bathroom | <input type="checkbox"/> Science Room | <input type="checkbox"/> Secondary Room | <input type="checkbox"/> Gym Area / Bathrooms |
| <input type="checkbox"/> Elementary Room | <input type="checkbox"/> Home Ec. Room | <input type="checkbox"/> Art Room / Preschool | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Elementary Project Room | <input type="checkbox"/> Computer Lab | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Music Room |
| <input type="checkbox"/> Elementary Auxiliary Room | <input type="checkbox"/> Library | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Locker Rooms |
| <input type="checkbox"/> Elementary Bathrooms | | | <input type="checkbox"/> Shop / Pottery |

Furniture Requested

Please indicate number of chairs/tables needed

- | | | | |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Red Stacked Chairs (72) | <input type="checkbox"/> Small Round Tables (12) | <input type="checkbox"/> Stage / Stairs | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Multi-Colored Chairs (75) | <input type="checkbox"/> Large Round Tables (4) | | _____ |
| <input type="checkbox"/> Maroon Chairs (19) | <input type="checkbox"/> Rectangle Tables (7) | | _____ |

Equipment Requested

To reserve sound and/or light equipment, please complete the detailed check out form available at the front office.

- | | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Sound Equipment | <input type="checkbox"/> Projector | <input type="checkbox"/> Screen | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Light Equipment | <input type="checkbox"/> Desk Speakers | <input type="checkbox"/> Extension Cords | _____ |
| <input type="checkbox"/> Gym Equipment | | | _____ |
| <input type="checkbox"/> Instruments | | | |

Cleaning Items Requested

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Cleaning Cart & Supplies | <input type="checkbox"/> Mop and Bucket | <input type="checkbox"/> Paper Products | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Dust Mop | <input type="checkbox"/> Vacuum | <input type="checkbox"/> Trash Bags | _____ |
| | | <input type="checkbox"/> Training Session | _____ |

Special Accomodations Requested

Event Coordinator Signature _____ Date _____