

REQUEST FOR USE OF FACILITIES

This is a request for _____ to use the space specified below at Lindsey Hopkins Technical Education Center.

Type of Event: _____ General Meeting _____ Workshop _____ Presentation
_____ Orientation _____ Ceremony _____ Testing
_____ Other _____

Date(s) of Event _____ Time _____ A.M./P.M. to _____ A.M./ P.M.

The Administrator responsible for scheduling and monitoring this event is _____
Please specify area(s) to be used: _____ Principal's Conference Room _____ Cafeteria
_____ Staff Dining _____ Media/Library _____ Other _____

State specific arrangements necessary for this event and list special equipment needed:

Do you need assistance with special equipment: _____ Yes _____ No

Refreshments/Foods: Will refreshments and/or food items be needed for this event?

_____ Yes _____ No If yes, quantity to be served: _____

If so, please list the specific items: _____

How will the requested food be paid for? _____

Special Needs Request

- No, I do not require special attention or services for this event
- Yes, I do have a condition that may require special attention or services. If you checked this box provide a general description of your special need (s) below:

Signature of Representative/On-Site Administrator

Date

_____ Approved _____ Denied

Signature of Principal

Date

Cc: _____ Administrator(s) _____

_____ Food Services Manager _____

_____ Library/Media _____

_____ Security Personnel _____

_____ Technology Personnel _____

_____ Head Custodian _____

Revised 4/20/07

FORM MUST BE FAXED (305-545-6438) OR DELIVERED TO BUILDING OPERATIONS (Room E-104). Thank you.