



ST. DAVID SCHOOL FACILITIES REQUEST FORM

STUDENT ORGANIZATIONS / SCHOOL SPONSORED GROUPS

Class Sponsor: _____ Today's Date: _____

Room / Location Requested: _____

Date(s) from: _____ to: _____

Time(s) from: _____ to: _____

Time of Event: _____ Duration: _____

Purpose of Use: _____

A/V Equipment

Number of Microphones: ____ Wired ____ Wireless

If in the gym, do you need auxiliary cord for music? Yes No

Laptop: Yes No Does laptop need sound? Yes No

Projector: Yes No Portable Screen: Yes No Podium: Yes No

Other Items Needed (*be specific*): _____

The organization is responsible for cleaning the facilities after use. If the facilities are not cleaned properly, the organization will be charged a \$25.00 fee for the district personnel to clean.

Approved by: _____ Date: _____

Copy To: Office Maintenance IT Cafeteria Other _____