

Green Elementary School IN-HOUSE FACILITY REQUEST

Today's Date: _____ Site: _____

Name of Organization: _____

Advisor/Contact Person: _____ Phone #: _____

Activity: _____ Estimated Attendance _____

Date(s) of Event: _____

Room/Facility Requested: _____

If you are requesting the cafeteria do you also need the kitchen? Yes No

Beginning time of event: _____ Ending time of event: _____

All custodial set up will take place at 3:00 PM on the day of the event unless arranged otherwise.

Group set up time will be: _____ Group clean up time will be: _____

Applicant is responsible for any damage/clean-up to the facility during this use, and agrees to be responsible for the conduct of all persons in attendance.

Custodial & Tech needs: (attach diagram of seating arrangements if appropriate)

(OFFICE USE ONLY - SITE RESPONSIBLE FOR SIGNATURES AND ROUTING)

APPROVAL SIGNATURES and REQUEST ROUTING:

1. Site Administrator: _____

Costs:	
Custodial	_____
City of Dublin: FAX: 925-829-6832	_____
Staff	_____
Security	_____

Routing:	
Ines <input type="checkbox"/>	Frank <input type="checkbox"/>
Lynne <input type="checkbox"/>	City of Dublin <input type="checkbox"/>
Calendar <input type="checkbox"/>	FAX: 925.829.6832
Maintenance <input type="checkbox"/>	

When APPROVED a copy of your request will be returned to you.