



Reynolds High School Facility Request Form

(Please complete five weeks prior to any event)

Name of Event: _____

Name of Group: _____

Name of Requestor: _____

Contact Info: Phone: _____ Email: _____

Description of Function: _____

Is this event a fundraiser? ☐ No ☐ Yes *If yes, you must also submit a Fundraiser Request Form*

Facility Requested (i.e. gym, MPR, etc.): _____

Date(s) of Event: _____ Day(s) of Week: _____

Check Availability on Master Calendar Prior to Submitting Request <http://rhs.reynoldssd7.tandemcal.com/>

Set-Up time: _____ Start time: _____ End time: _____ Breakdown/Departure time: _____

Name of RSD Staff Member present at event: _____

Contact Info (if different than requestor) Phone: _____ Email: _____

Set-Up Requested:

- | | | |
|---------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Chairs | <input type="checkbox"/> Sound System | <input type="checkbox"/> Projector/Screen |
| <input type="checkbox"/> Round Tables | <input type="checkbox"/> Bleachers (gym only) | <input type="checkbox"/> Off Hour Custodial (additional cost) |
| <input type="checkbox"/> Rectangular Tables | _____ Number of People attending | |

If specific layout is needed, please attach a diagram

Office Use Only

☐ Event Approved ☐ Event Denied

☐ Added to Master Calendar

Copy sent to: ☐ Requestor ☐ Custodial ☐ Activities
☐ Athletics ☐ Main Office Reception ☐ Arts Coordinator
☐ Other: _____

Date Received: _____ Reviewed By: _____

Signature: _____ Date: _____