



Facilities Support Request

Facilities / Custodial Needs for School Funded Events



Request for use of: _____

School / Site

Event Date

Reason for Event: _____

Building Requested: _____

Campus Area Required: _____

OR

Athletic Field Requested: _____

Anticipated Total Attendees: _____

Planned Time: from **Start** _____ am/pm to **Finish** _____ am/pm

Support Requirements: YES NO

Lights-----

Air Conditioning----- *AC request must be submitted separately.*

Extra Trash Containers-----

Recycling Containers-----

Tables----- if yes how many? _____ Attach

Chairs----- if yes how many? _____ Layout

Lavatories -----

Other _____

How many custodians are you expecting for the event? _____

Facility reserves the right to add additional custodians to cover event if needed.

Requested by _____ Contact Number _____ Date _____

Print Name _____

Approved By _____ School Administrator Date _____

Print Name _____

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Routing of Approved Form

1. **Fax to Facilities** Department (941) 361-6318 for management coordination
2. **Copy to School Head or Senior Head Custodian** for set up and staffing
3. **Original** maintained at the **School by Administration**