

COPPER RIDGE FACILITY/CALENDAR ITEM REQUEST FORM

To be completed by all persons/groups using Copper Ridge Facilities.

Please complete and turn in to CRS office at least **TWO WEEKS** prior to the event

ORGANIZATION/GROUP: _____

PERSON IN CHARGE OF EVENT: _____

DESCRIPTION OF EVENT: _____

IS THIS A FIELD TRIP? YES NO IF "YES" ATTACHE TRAVELS REQUEST FORM

DAY/DATE: _____ PROGRAM DATE: _____

PRACTICE DATES: _____ TIME: _____

ROOM/FACILITY REQUESTED: _____

NUMBER OF PEOPLE EXPECTED: _____ OPEN DOORS AT __:__ AM/PM

EQUIPMENT NEEDED:

#CHAIRS: _____ #RISERS: _____ BLEACHERS: YES NO

P.A. SYSTEM: YES NO PODIUM: YES NO #TABLES: _____

MICROPHONES: YES NO DISTRICT LIFT: YES NO

DISTRICT ART BOARDS: YES NO SOUND WALLS: YES NO

(INCLUDE A MAP FOR "SET-UP" WHEN APPROPRIATE)

WILL THE EVENT IMPACT THE LUNCH SCHEDULES: YES NO

THE ORGANIZATION MUST PROVIDE CLEAN UP OR PAY FOR SERVICEES

FOR OFFICE USE ONLY

FACILITY AVAILABLE: YES NO

SIGNATURES:

CALENDAR CLEARANCE: _____ DATE: _____

FACILITY COORDINATOR : _____ DATE: _____

ADMINISTRATIVE APPROVAL: _____ DATE: _____