

## Copper Ridge Facility/Calendar Request

***Please complete and return to CRS office at least  
TWO WEEKS prior to event***

Date of Event: \_\_\_\_\_ Practice Dates: \_\_\_\_\_

Organization/Group: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Is this a Field Trip? \_\_\_ Yes \_\_\_ No

Room/Facility Requested: \_\_\_\_\_

Number of people expected: \_\_\_\_\_ Open Doors at: \_\_\_\_\_

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

**\*\*Please include a map for Set Up when appropriate\*\***

Will the event impact Lunch schedules: \_\_\_ Yes \_\_\_ No

Administrative Coverage Needed: \_\_\_ Yes \_\_\_ No    *If Yes provide description of coverage*

Administrative Attendance Requested: \_\_\_ Yes \_\_\_ No    *If Yes provide description of Opportunities*

Will Parents/Community be invited? \_\_\_ Yes \_\_\_ No

If **Yes**, describe the time parents/community will be on campus and the entrance/exit they will use:

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**\*\*The group/organization must provide clean up or Pay for services\*\***

**For Office use only:**

Facility Available \_\_\_\_Yes \_\_\_\_No

Calendar Clearance \_\_\_\_\_ Date\_\_\_\_\_

Administrative Approval \_\_\_\_\_ Date \_\_\_\_\_

Facility Coordinator/Date Sent: \_\_\_\_\_