

DAVIDSONVILLE ELEMENTARY SCHOOL

In-House School Facilities Use Form

School Activities / Fundraisers / Master Calendar Activities

This form must be submitted at least three (3) weeks prior to the event.

Name of Committee/Club: _____

External Organization Name: _____

	<i>Date</i>	<i>Time</i>		<i>Date</i>	<i>Time</i>
Activity Begins			Activity Ends		

AREA(S) REQUESTED

<input type="checkbox"/> Music Room <input type="checkbox"/> Media Center <input type="checkbox"/> Gym	<input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____
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ADDITIONAL NEEDS

___ # of Tables (Indicate where) _____

___ # of Chairs (Indicate where) _____

___ Podium ___ Microphone ___ Other _____

Expected Attendance: _____

Requestor Name: _____

Contact info: _____

Today's Date: _____

Space Assigned (office use) _____ ***Please return form to Volunteer Coordinator*