

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.

Committee/Club/Program: _____

External Organization Name: _____

Name(s) of AACPS Fingerprinted adult(s) who will be present at meetings/event:

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

AREA(S) REQUESTED

___ Music Room

___ Classroom

___ Media Center

___ Cafeteria

___ Gym

___ Other _____

ADDITIONAL NEEDS

___ # of Tables (*indicate where*) _____

___ # of Chairs (*indicate where*) _____

___ Podium ___ Microphone ___ Other _____

Expected Attendance #: _____

1 adult per 15 students is suggested

Requestor Name: _____

Contact Info: _____

Today's Date: _____

Space Assigned (*office use*): _____

** Please return form
to Volunteer Coordinator*