

St. John Bosco Catholic School
Facility Request
2016-17

Organization Name: _____

Contact Person: _____ Title: _____

Phone: _____ ALT. Phone: _____

Room To Be Used: _____ Date of Function: _____

Is this a one time use? _____ no, please list dates: _____

FUNCTION INFORMATION

Type of function: _____ number attending: _____

Organization is expected to begin preparation by: _____ AM PM

Actual Start time: _____ AM PM End time: _____ AM PM

Clean - up (by organization) is expected to be completed by: _____ AM PM

SET - UP is expected to be completed by: _____ AM PM

***** **Please submit to Business Manager for Approval** *****

For Office Use Only

Administrative Approval? Yes or No

If no, reason _____

Added to calendar by: _____ *Date:* _____

St. John Bosco Catholic School

Facility Set-Up Request

(For use only after facility use has been granted and confirmed)

REQUESTED MATERIALS

_____ tables round or long

_____ microphone

_____ Chairs

Stage? Y or N

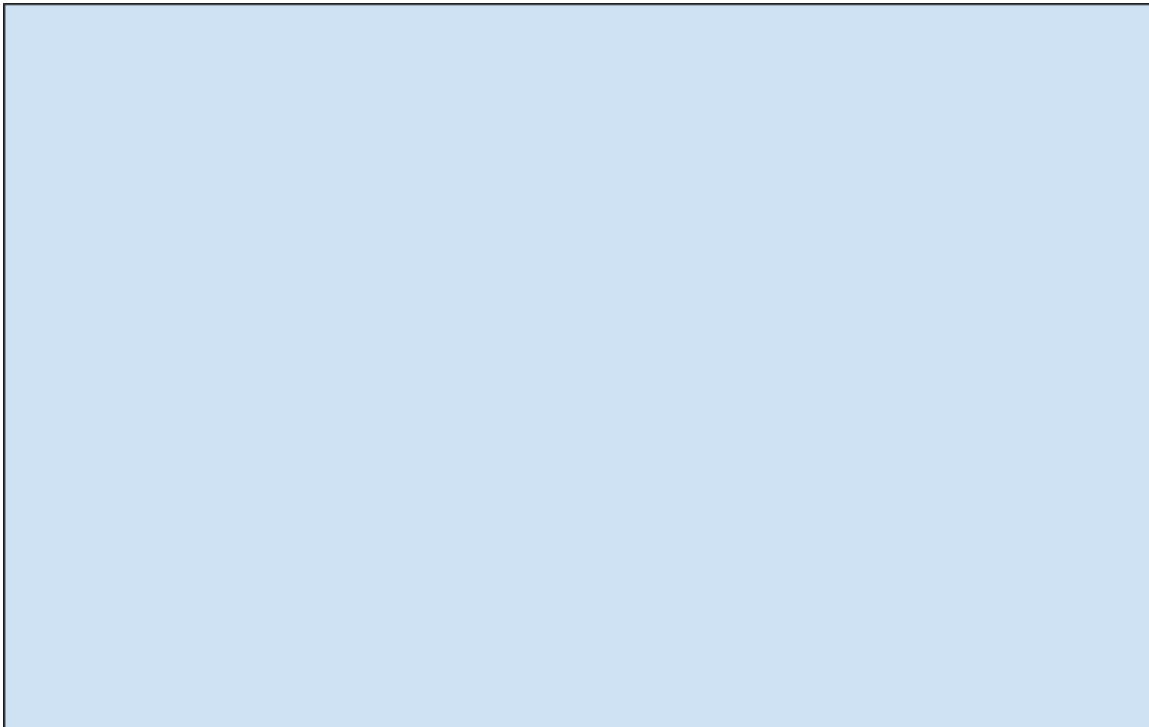
_____ podium

Kitchen? Y or N

Received by Office _____ Maintenance on _____

St. John Bosco Catholic School

Facility Set-Up Request



Please indicate room _____