

Hall / Meeting Room

REQUEST FORM

(Principal Approval Required on ALL Requests)

Please allow 2 weeks notice prior to event.

Routing:
___ 1. Teacher
___ 2. Principal
Upon Approval:
___ 3. Parish Office
___ 4. School Office
(return to Teacher)

Date of Request: _____

Individual(s) submitting request: _____ Phone: _____

Name of Class / Group / Organization: _____

Event Description: _____

Volunteers helping / attending event:

Date of Event: _____ Date for Set-Up (if different from Date of Event): _____

Start Time (include prep time): _____ End Time (include clean-up time): _____

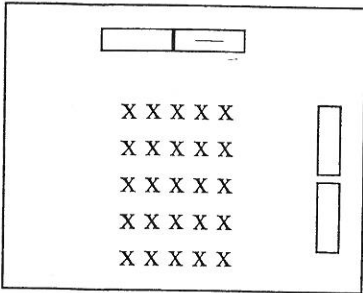
Number Attending: _____ Initial Hall Arrangement: No tables or chairs

Hall (s) needed: One Two Initial Meeting Rm. Arrangement: 4 Tables, 25 Chairs

Kitchen needed: Yes No

Room(s) needed: One Two

Kitchenette needed: Yes No



BOOKING THE EVENT:

Room *availability* should be checked **prior** to submitting a request form. Upon FINAL APPROVAL, actual booking of the event is made through Helen Hando, (703) 880-4301.

Teacher Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Approved Not Approved

Approved Request Received: _____

Event Booked: _____
Helen Hando Date

Hall / Room Booked: _____

Badge: _____
Designated Individual for access

Custodial Request Form is on the reverse side for
supplies, tables, chairs, etc.

CUSTODIAL REQUEST FORM

- ▶ All requests require principal approval _____
Mrs. Cargill
- ▶ Upon approval, place in custodial mailbox Approved Disapproved
- ▶ Set-up requests require **48 hour** advance notice

Name _____ Date Requested _____

SUPPLIES:

DATE NEEDED:

TABLE/CHAIR SET-UP AND TEAR-DOWN:

Set-up date _____

Time set-up needed by _____

Tear-down date, if different _____

Time tear-down can begin _____

Be specific and provide a diagram with reference points (door/windows).