

REQUEST OF SCHEDULING ACTIVITY
Lakota Local Schools

Name of Event _____

Sponsoring Organization _____

Date of Event _____ Location of Event _____

Start & End Time of Event _____ Start & End Time for Total Use of Facility _____

Master Key Needed Yes No

Janitor Needed Yes No

What equipment, if any is needed? _____

Stage Control Room Microphones Stage Microphone Music Spotlights Other _____

Which doors do you need opened? _____

Signature of person making request

Date

Phone number of person making request

Principal's Authorization

Date

Superintendent's Authorization

Date

Date when placed on Board Office calendar

Do you need extension chords? Yes No

Please draw a diagram of how you would like tables and chairs set up for your event.