

Kingsley Staff and PTA Building Use Form

Your Name(s): _____

Organization: _____

Date Submitted: _____ *(Form due a minimum of 24 hours in advance.)*

If there are any changes in this request after it is submitted, you must notify the office.

Approved: _____
(Principal) (Date)

Name of Event: _____

Approximate number of people attending:

Adults _____ Students _____ Grade(s) _____

EXACT Time of Event: from _____ to _____

Set-up time needed before event: _____

Break down time needed after event: _____

Single Date Requested: _____ Hours: from _____ to _____
(day & date)

Weekly Date Requested: _____ Months: from _____ to _____

Random Dates Requested: _____

Room(s) and Number of Items Needed: To specify set-up, attach map.

____ Gym ____ MPR ____ MPR Atrium ____ Extra Classroom ____ Foyer

____ Podium ____ Microphone ____ Sound System ____ Trash Cans

____ Chairs ____ Tables ____ Lunch Tables ____ Projector ____ Other

copies to: Principal, Head Custodian, Main Office, Other: _____