

# HARRISON SCHOOL DISTRICT – HARRISON HIGH SCHOOL

## Special Function Reservation Form

- Use this form to request a room, food, maintenance/set-up, or special equipment for workshops, meetings, special events, etc.
- All requests for the use of the Athletic Fields/Bleacher Building must be cleared through the Athletic Director before submitting the request form.
- In order to inform the various departments involved and for security purposes (outside visitors), it is important that this form be completed and submitted to the Principal's Office.
- EVENING functions at WMS must be cleared through the ADULT H.S. Office and be approved by the WMS PRINCIPAL.
- PLEASE complete the following:

Today's Date \_\_\_\_\_ Function Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_ Number of People: \_\_\_\_\_ Ordered By: \_\_\_\_\_

Function: \_\_\_\_\_ Purpose: \_\_\_\_\_

Groups Involved: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Note: If presenter is using a laptop which platform is being used – IBM or Apple, Please specify \_\_\_\_\_

**Room Set-Up MUST BE CHECKED:**

Rows                       Rectangle                       Pods

**PLEASE check items needed: (Maintenance, Food, AV, etc)**

<input type="checkbox"/> Speakers Table	<input type="checkbox"/> Tables	<input type="checkbox"/> Tables with Cloths
<input type="checkbox"/> Table for Coffee, etc.	<input type="checkbox"/> Chairs	<input type="checkbox"/> Tablet(s)
<input type="checkbox"/> Podium in Center	<input type="checkbox"/> Microphone	<input type="checkbox"/> American Flag
<input type="checkbox"/> Board with Chalk	<input type="checkbox"/> Screen/Overhead Projector	<input type="checkbox"/> TV/VCR
<input type="checkbox"/> Air Conditioning beyond 6PM	Other: _____	
<input type="checkbox"/> Computer Projector		

**\* Need access to computers**

**Facilities Requested:**

<input type="checkbox"/> Auditorium	<input type="checkbox"/> Dance Studio	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Athletic Field
<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Pool	<input type="checkbox"/> Computer Lab	<input type="checkbox"/> Bleacher Building
<input type="checkbox"/> Aux. Gymnasium	<input type="checkbox"/> Library	<input type="checkbox"/> Classroom	

**COMMERCIAL FOOD:**

Bill to: \_\_\_\_\_ Requested by: \_\_\_\_\_

**STOP - THANK YOU!**

For Office Use Only

Available     Not Available    Director/Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved     Not Approved    Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Distribution List:**

<input type="checkbox"/> Mr. M. Weber, Principal, HHS	<input type="checkbox"/> Ms. S. Bayat, Dir., CST	<input type="checkbox"/> FOOD SERVICES
<input type="checkbox"/> Mr. M. Landy, Principal, WMS	<input type="checkbox"/> Mrs. J. Botch, Dir., Early Child.	<input type="checkbox"/> SECURITY HHS / WMS
<input type="checkbox"/> Mr. K. Stahl, Principal, HIS	<input type="checkbox"/> Mr. D. Choffo, SBA/Board Secty.	<input type="checkbox"/> Mr. M. Green, Coord. of School Safety
<input type="checkbox"/> Mrs. A. Heberling, Principal, LS	<input type="checkbox"/> Mr. M. Dolaghan, Main./Cust.Supv	<input type="checkbox"/> Dr. J. Doran, Dir. of Pers/HR
<input type="checkbox"/> Mrs. K. Huaranga, AP HHS /Athletics	<input type="checkbox"/> Mr. J. Tucci, Coord. of Techn.	<input type="checkbox"/> Mr. T. Lutrario, Fac. Syst. Eng.
<input type="checkbox"/> Dr. C. Baumgartner, Interim Super.	<input type="checkbox"/> Computer Technician	<input type="checkbox"/> Other _____
<input type="checkbox"/> Mrs. M. Kroog, Dir. of Curr. & Instr.		