HARRISON SCHOOL DISTRICT – HAMILTON 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 HIS must be cleared through the HIS Office and be approved by the HIS 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)

- [ ] Speakers Table
- [ ] Table for Coffee, etc.
- [ ] Podium in Center
- [ ] Board with Chalk
- [ ] Air Conditioning beyond 6PM

- [ ] Tables
- [ ] Chairs
- [ ] Microphone
- [ ] Screen/Overhead Projector
- [ ] Computer Projector

- [ ] Tables with Clothes
- [ ] Tablet(s)
- [ ] American Flag
- [ ] TV/VCR

Other: __________________________

Facilities Requested:

- [ ] Gymnasium
- [ ] Cafeteria
- [ ] Computer Lab
- [ ] 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:

- [ ] Mr. M. Weber, Principal, HHS
- [ ] Mr. M. Landy, Principal, WMS
- [ ] Mr. K. Stahl, Principal HIS
- [ ] Mrs. A. Heberling, Principal LES
- [ ] Ms. S. Bayat, Dir., CST
- [ ] Mrs. J. Botch, Dir., EC
- [ ] Dr. C. Baumgartner, Interim Supr.

- [ ] Mr. J. Tucci, Coord. Of Techn.
- [ ] Computer Technician
- [ ] Mr. M. Dolaghan, Main./Cust.Supv.
- [ ] Mr. T. Lutriario, Fac. Syst. Eng.
- [ ] Mrs. M. Kroog, Dir. Curr. & Instr.
- [ ] Mr. D. Choffo, SBA/Board Secy.

- [ ] FOOD SERVICES
- [ ] SECURITY WMS / HHS
- [ ] M. Green, Coord. of School Safety
- [ ] Dr. J. Doran, Dir. of Pers./HR

Other: __________________________

Revised 11-2018