

HARRISON SCHOOL DISTRICT – LINCOLN 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 LES must be cleared through the LES Office and be approved by the LES 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	<input type="checkbox"/> Computer Projector	<input type="checkbox"/> 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:

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