

HARRISON SCHOOL DISTRICT SUPERINTENDENTS CONFERENCE ROOM Special Function Reservation Form

- Use this form to request a room, food, maintenance/set-up, or special equipment for workshops, meetings, special events, etc.
- 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 Superintendent's Office.

PLEASE complete the following:

Today's Date: _____ Function Date: _____ Time: _____ Location: _____ # 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	Other: _____	
<input type="checkbox"/>					

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	<input checked="" type="checkbox"/>	Conference Room

COMMERCIAL FOOD:

Bill to: _____ Requested by: _____

STOP - THANK YOU!

For Office Use Only

Approved Not Approved Superintendent's Signature _____ Date _____

Distribution List:

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