

HARRISON SCHOOL DISTRICT – WASHINGTON MIDDLE 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.
- 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

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

<input type="checkbox"/>	Speakers Table
<input type="checkbox"/>	Table for Coffee, etc.
<input type="checkbox"/>	Podium in Center
<input type="checkbox"/>	Board with Chalk
<input type="checkbox"/>	Other: _____

<input type="checkbox"/>	Tables
<input type="checkbox"/>	Chairs
<input type="checkbox"/>	Microphone
<input type="checkbox"/>	Screen/Overhead Projector

<input type="checkbox"/>	American Flag
<input type="checkbox"/>	TV/VCR (TV & DVD player)
<input type="checkbox"/>	Air Conditioning beyond 6PM
<input type="checkbox"/>	Risers

Facilities Requested:

<input type="checkbox"/> Auditorium	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Pool
<input type="checkbox"/> Computer Lab	<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"/>	Mr. M. Landy, Principal, WMS
<input type="checkbox"/>	Mr. K. Stahl, Principal, HIS
<input type="checkbox"/>	Mrs. A. Heberling, Principal, LES
<input type="checkbox"/>	Ms. S. Bayat, Dir., CST
<input type="checkbox"/>	Mrs. K. Huaranga, AP HHS/Athletics
<input type="checkbox"/>	Dr. C. Baumgartner, Interim Super.

<input type="checkbox"/>	Mrs. J. Botch, Dir. EC
<input type="checkbox"/>	Mr. J. Tucci, Coord. Of Techn.
<input type="checkbox"/>	Mr. D. Choffo, SBA/Board Secty.
<input type="checkbox"/>	Mr. M. Dolaghan, Main./Cust.Supv.
<input type="checkbox"/>	Mrs. M. Kroog, Dir. Curr. & Instr.
<input type="checkbox"/>	Computer Technician

<input type="checkbox"/>	FOOD SERVICES
<input type="checkbox"/>	SECURITY HHS /WMS
<input type="checkbox"/>	Mr. M. Green, Coord of School Safety
<input type="checkbox"/>	Dr. J. Doran, Dir. Pers/HR
<input type="checkbox"/>	Mr. T. Lutrario, Fac. Syst. Eng.
<input type="checkbox"/>	Other: _____