

# 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.
- 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"/> M. Weber, Principal, HHS	<input type="checkbox"/> S. Bayat, Dir., CST	<input type="checkbox"/> <b>FOOD SERVICES</b>
<input type="checkbox"/> K. Stahl, Principal, WMS	<input type="checkbox"/> J. Botch, Principal KES	<input type="checkbox"/> <b>SECURITY:</b>
<input type="checkbox"/> H. Marte, Principal, HIS	<input type="checkbox"/> D. Choffo, SBA/Board Secty.	<input type="checkbox"/> <b>HHS/WMS/HIS/LES/KES</b>
<input type="checkbox"/> A. Heberling, Principal, LS	<input type="checkbox"/> M. Dolaghan, Maintenance Supr.	<input type="checkbox"/> M. Green, Coord. of School Safety
<input type="checkbox"/> S. Dolaghan, AP HHS /Athletics	<input type="checkbox"/> C. Rottingen, SE/Inf.Tech.Mngr.	<input type="checkbox"/> J. Doran, Ed.D., Dir. Pers./
<input type="checkbox"/> M. Kroog, Ed.D., Superintendent	<input type="checkbox"/> Technology Services Technician	<input type="checkbox"/> HR/Compl./Crisis Management
<input type="checkbox"/> D. Green, Cert. Ed. Facilities Mngr.	<input type="checkbox"/> HHS/WMS/HIS/LES/EC	<input type="checkbox"/> D. Riser, Ed.D., Director of Curr. &
	<input type="checkbox"/> P. Santana, Tech. Dir.	<input type="checkbox"/> Instruction
		<input type="checkbox"/> Other _____