

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 Pods

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

<input type="checkbox"/> Speakers Table	<input type="checkbox"/> Tables	<input type="checkbox"/> American Flag
<input type="checkbox"/> Table for Coffee, etc.	<input type="checkbox"/> Chairs	<input type="checkbox"/> TV/VCR (TV & DVD player)
<input type="checkbox"/> Podium in Center	<input type="checkbox"/> Microphone	<input type="checkbox"/> Air Conditioning beyond 6PM
<input type="checkbox"/> Board with Chalk	<input type="checkbox"/> Screen/Overhead Projector	<input type="checkbox"/> Risers
<input type="checkbox"/> Other: _____		

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