

**POLAND REGIONAL HIGH SCHOOL &
BRUCE WHITTIER MIDDLE SCHOOL
FACILITY USE REQUEST FORM**

Please Print or type clearly & fill out all requested information.

NAME OF PERSON REQUESTING ROOM: _____ PHONE # _____
FAX # _____

(THIS PERSON WILL BE RESPONSIBLE FOR THE USE OF THE ROOM AND WILL BE CONTACTED IN THE EVENT OF ANY PROBLEMS)

NAME OF ORGANIZATION: _____

NAME OF FUNCTION: EXAMPLE DANCE, MEETING, ETC. _____

DATE(S) REQUESTED: _____ AND _____
(DATE CHANGES ARE DISCOURAGED DUE TO THE OVERWHELMING AMOUNT OF REQUESTS FOR BUILDING USE)

TIMES REQUESTED: START _____ FINISH _____
2ND DATE: START _____ FINISH _____

ROOMS REQUESTED: _____ (PLEASE LIST 2 CHOICES)

NUMBER OF INDIVIDUALS EXPECTED TO BE USING THE FACILITIES: _____

NUMBER OF CHAIRS: _____ NUMBER OF TABLES: _____

WILL THERE BE FOOD SERVED: _____

SPECIAL EQUIPMENT NEEDED: _____

SPECIAL REQUEST FOR ROOM ARRANGEMENT. PLEASE WRITE A BRIEF DESCRIPTION AND INCLUDE A SKETCH BELOW:

******PEANUT/NUT PRODUCTS ARE *NOT* TO BE SERVED OR CONSUMED IN THE BUILDING BY OUTSIDE GROUPS. PLEASE BE SURE THAT YOUR GUESTS UNDERSTAND THIS POLICY! IT IS YOUR RESPONSIBILITY THAT THIS INFORMATION IS COMMUNICATED TO THE NON-STAFF AND STUDENT PARTICIPANTS IN YOUR GROUP. (Further information regarding this policy is available upon request)******

I UNDERSTAND THAT I AM RESPONSIBLE FOR THE USE OF THE ROOM, UNDERSTAND THE POLICIES RELATED TO THE USE OF THIS FACILITY AND WILL BE CONTACTED IN THE EVENT OF ANY PROBLEMS.

SIGNATURE: _____ DATE: _____

PRHS/BWMS Calendar Comm. SIGNATURE: _____ DATE: _____

For Office Use Only:

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