

# Facilities Request Form

Charlotte Dunning Elementary School

<b>GROUP NAME</b>	<b>GROUP SIZE</b>
<b>CONTACT PERSON</b>	
<b>TELEPHONE NUMBER(S)</b>	
<b>EMAIL ADDRESS</b>	
<b>REQUESTED DATE(S)</b>	<b>REQUESTED TIME(S)</b>
<b>ACTIVITIES TO OCCUR</b>	
<b>REQUESTED LOCATION</b>	

**As the group contact person, I understand that I am responsible for:**

1. Refraining from the use of food of any kind.
2. Adhering to scheduled times and notifying classroom teacher well in advance of schedule changes.
3. Directly supervising students at all times, including the use of restrooms.
4. Carrying a cell-phone in case of an emergency.
5. Bringing all of our own materials; not using school supplies in the designated locations.
6. Returning classroom to its original condition (furniture, boards, clean floors, etc.)

**Signature:**

**Date:**

**FOR OFFICE USE ONLY**

RECEIVED BY:	DATE RECEIVED:
REVIEWED BY PRINCIPAL:	<input type="checkbox"/> ACCEPTED – LOCATION ASSIGNED:
SIGNATURE:	_____
DATE:	<input type="checkbox"/> DENIED