



JOSEPH SEARS
EST. 1899

Room/Venue Set Up Request

Event Name: _____

Event Date: _____ Expected Number of Attendees: _____

Contact Name: _____ Phone: _____

Email: _____

Preferred Venue: AUD AUDFYR FH FHCR GYM HR LTC MPR ODC** TL
 Other _____

Alternate Venue: AUD AUDFYR FH FHCR GYM HR LTC MPR ODC** TL
 Other _____

Venue Abbreviations: Nygaard Auditorium (AUD); Nygaard Auditorium Foyer (AUDFYR); Faculty Hall (FH); Faculty Hall Conference Room (FHCR); Gymnasium (GYM); Health Room (HR); Library Technology Center (LTC); Multipurpose Room (MPR); Outdoor Classroom (ODC); Teachers' Lounge (TL) ****needs Outdoor Classroom Coordinator approval**

Set Up Date: _____ Set Up Time: _____ (Start) _____ (End)

Event Date: _____ Event Time: _____ (Start) _____ (End)

Describe the Set Up Requested: _____

Technology Needs (if any): _____

Administrative Approval _____

Date: _____

Copy to: Building and Grounds Director Principal Technology Team

Requestor ODC Coordinator Other: _____

Revised 3/28/17