



JOSEPH SEARS
EST. 1899

Room or 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: _____ Start Set Up Time: _____ Ready By Time: _____

Event Date: _____ Event Start Time: _____ Event End Time: _____

Describe the Set Up Requested: _____

_____ :

Technology Requested:

- Projector with Screen Sound Laptop Video Recording
 Microphone (AUD, MPR, GYM only) Internet Connection Other: _____

Administrative Approval _____ **Date:** _____

Internal Instructions: Coffee & Tea Water Coke & Diet Coke
 Front and/or Auditorium (*circle*) Doors UNLOCKED at _____, then LOCKED at _____
 Display Signs: _____ Garbage, Recycling and Compost Bins

Route Copy To: Building and Grounds Director Principal Technology Team
 Requestor ODC Coordinator Other: _____

Revised 9/26/19