

Donovan Catholic
FACILITIES REQUEST 2016 - 2017

Please submit form one week before scheduled activity.

Day, Date of Activity _____

Person Making Request _____ Phone Number: _____

Organization _____ Activity _____

Facility Requested _____

Requested Time for Facility:

Set-Up: Date: _____ From: _____ To _____

Practice: Date: _____ From: _____ To: _____

Actual Activity: Date: _____ From: _____ To: _____

Clean Up: Date: _____ From: _____ To: _____

Request for Doors to be scheduled to Open and Close:

Date: _____ Doors to Open at: _____ Doors to Close at: _____

Front Door (#3) _____ 200 Hallway Door (#8) _____ Coaches Door (#9) _____

Cafe Lot Door (#13) _____ 400 Hallway Door (#4) _____ Gym Door (#15) _____

Cafe West Side Door (#14) _____ 500 Hallway Door (#12) _____ Quad Doors _____

Diagram Regarding Arrangement of Facility: Please draw on reverse side or attach another sheet if necessary.

of Students Involved _____ # of Parents Involved _____ # of Teachers Involved _____

Approximate Number of Parking Spaces Needed _____

Equipment needed:

Number of Chairs _____ Number of Tables _____ Podium _____ Screen _____

Air Conditioning _____ Stage Lighting _____ Microphone _____

Tech or AV Equipment _____ Other _____

Open-up Needed _____ Yes _____ No _____

Lock-up Needed _____ Yes _____ No _____

Cleanup Needed _____ Yes _____ No _____

Maintenance/Weekend Emergencies 732-684-8036

Approved _____ Date _____

Dr. Edward G. Gere, Principal

Copies distributed to:

Suzanne Oliver (Activities)

Harold Frazee

Brian DeTuro (AV Equipment)

Dawn Watson (Main Office)

Kevin Downing (Maintenance)

Evening (Maintenance)