

Northwestern Middle/High School
Cafeteria
Request & Set-Up Form

Name of organization: _____	Date of Application: _____
Event: _____	Start Time of Event: _____
Date(s) of Event: _____	Hours: From: _____ To: _____
Sponsor/Person in charge: _____	Building Open Time: _____

<u>Special Needs</u> – (Circle) Stage Podium Microphone/Stand Curtains Movie Screen Restrooms Hallways Coat Racks DVD/Projector
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Main Seating Area: (arrangement-chairs, tables)

Stage Area: (arrangement – attach diagram if needed)

Other Request:

Signature of Sponsor

Telephone/Ext. Number/Email Address

Submit to Mr. Davis

Official Use Only

Approved

Not Approved

Notes:

Mr. Davis Date

Cc: Harold Seamon
Custodians
Maintenance
Building Principal

