

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: _____

<p><u>Special Needs</u> – (Circle)</p> <p style="text-align: center;">Stage Podium Microphone/Stand Curtains Movie Screen</p> <p style="text-align: center;">Restrooms Hallways Coat Racks DVD/Projector</p>

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

