

Valley School District  
**STAFF/SCHOOL EVENT REQUEST**

Organizer/Requester: \_\_\_\_\_ Building: \_\_\_\_\_ Date: \_\_\_\_\_

Event name: \_\_\_\_\_ Type of event: \_\_\_\_\_

Date(s) of event: \_\_\_\_\_ Time of event: \_\_\_\_\_

Duration of event (*no. of hours, days*): \_\_\_\_\_

Place of event: \_\_\_\_\_

Date of set up\*: \_\_\_\_\_ Time of set up: \_\_\_\_\_

Person designated to handle keys, lock up facility: \_\_\_\_\_

**Identify equipment and assistance needed, below.** Upon event approval and at least ten (10) business days prior to the event, the organizer will provide a copy of this Event Request and related documents to the IT, Facilities and Food Services departments, as appropriate:

**IT**     K-20     Projector/Screen     Conference Phone     Other \_\_\_\_\_  
 Video Conference (*Specify type*) \_\_\_\_\_

**Facilities/Custodial** – (*Specify quantity*) \_\_\_\_\_ Chairs \_\_\_\_\_ Tables \_\_\_\_\_ Podium \_\_\_\_\_ Trash cans

**Equipment** – Specify additional items/support needed and coordinate with Facilities to complete setup\*, tear-down, and cleanup tasks.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Stage set up        | <input type="checkbox"/> MPR bleachers: <input type="checkbox"/> In or <input type="checkbox"/> Out | <input type="checkbox"/> Sound system         |
| <input type="checkbox"/> Portable stages     | <input type="checkbox"/> Gym baskets: <input type="checkbox"/> Up or <input type="checkbox"/> Down  | <input type="checkbox"/> Microphones; # _____ |
| <input type="checkbox"/> Portable risers     | <input type="checkbox"/> Gym bleachers: <input type="checkbox"/> In or <input type="checkbox"/> Out | <input type="checkbox"/> Podium               |
| <input type="checkbox"/> Pipe and drape      | <input type="checkbox"/> Gym HVAC: <input type="checkbox"/> On or <input type="checkbox"/> Off      | <input type="checkbox"/> Projector and screen |
| <input type="checkbox"/> Lighting needs      | <input type="checkbox"/> Gym divider curtain  | <input type="checkbox"/> Power cord(s)        |
| <input type="checkbox"/> Vinyl cover for gym | <i>*Please attach a sketch of the preferred room/space layout.</i>                                  |   |

**Food Service** – Complete and attach a Food and Beverage Plan (Form 4260F4) and, upon approval, a Requisition (Form 6210F1) for food and/or supplies. Building staff are responsible for meal planning and food services for school events. Any use of the kitchen facilities or equipment must be coordinated with the Kitchen Manager.

Snack     Breakfast     Lunch     Dinner    #Participants: \_\_\_\_\_ Budget: \_\_\_\_\_

**Instructions:** Please forward the *Staff/School Event Request, Food and Beverage Plan, and Requisition* to the building administrator for approval. When event approval is confirmed, the organizer(s) may proceed to arrange the specific details contained within the event request forms. Arrangements include scheduling the room/facility on the Outlook Calendar, communicating with appropriate personnel (Facilities, IT, Food Service, other), creating an agenda, confirming the budget for the event, and procuring of supplies. Refer to the Staff/School Event Organizer Checklist (Form 4260F0).

**Request Reviewed and Approved By:**

Supervisor Name: \_\_\_\_\_

Event Approved: \_\_\_\_\_ Date: \_\_\_\_\_

*Supervisor Signature*