

LANSING CHRISTIAN SCHOOL

3405 Belle Chase
Lansing, MI 48911
517-882-5779

FACILITIES USE REQUEST

Date of event: \_\_\_\_\_ Date of request: \_\_\_\_\_

Person placing request: \_\_\_\_\_ phone # \_\_\_\_\_ email \_\_\_\_\_

Person in charge at event: \_\_\_\_\_ phone # \_\_\_\_\_ email \_\_\_\_\_

Type/name of event: \_\_\_\_\_ Size of group: \_\_\_\_\_

Actual time of event: \_\_\_\_\_ Other times areas may be unavailable due to setup equipment: \_\_\_\_\_

Time setup expected to begin: \_\_\_\_\_ Time teardown expected to be completed: \_\_\_\_\_

Table with 3 columns: Areas of the school being used, School equipment needed, Technology. Includes checkboxes for gym, tables, chairs, power, projectors, etc.

Do you need a support person to run the technology? ? [ ] yes [ ] no requested person \_\_\_\_\_

Do you need a support person to run the sound? [ ] yes [ ] no requested person \_\_\_\_\_

Do you need a support person to run the lighting? [ ] yes [ ] no requested person \_\_\_\_\_

Is set-up to be done by: person requesting [ ] yes [ ] no [ ] other (please specify): \_\_\_\_\_

school personnel [ ] yes [ ] no What exactly is needed: \_\_\_\_\_

What set up style is needed? [ ] theatre [ ] classroom [ ] herringbone [ ] square [ ] u-shaped [ ] rounds
[ ] Other (please specify) \_\_\_\_\_

Teardown will be done by: [ ] person in charge of event [ ] volunteers [ ] school personnel

Classroom teachers displaced by event (if known): \_\_\_\_\_

Other Staff Members who should be notified: \_\_\_\_\_

MAIN OFFICE USE ONLY

Placed on facilities calendar (and others as appropriate): \_\_\_\_\_ Date: \_\_\_\_\_

Janitor needed: [ ] no [ ] yes - whom \_\_\_\_\_ Date: \_\_\_\_\_

[ ] Please check if this form is a revision to a previously submitted facilities request for the same event.