

Kingwood Township School Room Request Form		
Room(s) Requested: Check all that apply.	<input type="checkbox"/> All Purpose Room <input type="checkbox"/> Gymnasium <input type="checkbox"/> Library	
	<input type="checkbox"/> E-06/08 ____ <input type="checkbox"/> Classroom # _____ <input type="checkbox"/> Classroom # _____	
	<input type="checkbox"/> Other: _____	
Name of function:		
Date of function:	Set up time:	Event run time:
Presenters:		
Number in audience:		
Custodial/Tech assistance requested: (Examples: sound system, chairs, tables, bleachers in or out, laptop/projector, etc.)		
Requested by:		Date:
Approved: Tim Loveland, Principal		Date:
Approved: Denise Donnelly, Administrative Assistant		Date:
Approved: Mike Gonnella, Supervisor of Building & Grounds		Date:

PLEASE submit the completed form to the Main Office for Administrative approval AT LEAST TWO WEEKS PRIOR TO THE EVENT to allow for processing/planning. The form will be forwarded to the Supervisor of Building & Grounds, and a copy returned to you for your records. The event is not approved until a signed copy has been returned to you. Thank you for your cooperation advance notice.