

GUNN FACILITIES REQUEST FORM
Turn into Main Office – Facilities Secretary

Reminder: completing this form is not a confirmation of approval. All event / activities must be approved by facilities.

*****GunnMaint requires the information 48 hours in advance of event.**

Today's Date: _____ Requestor: _____

Date of event: _____ Staff Parent Student PTA

Event Title: _____ Event Location: _____

Renter arrival Time: _____ Event Start: _____ End: _____

Group/Advisor: _____ # of Attendees: _____

Contact Phone: _____ Email: _____

Food: Y N If Yes: Catered _____ Potluck _____ Pizza _____ Other _____

****Audio Visual / Presentation Aids / Electrical required - email: GunnTech**

EQUIPMENT NEEDS: Please be as accurate as possible with #'s being requested:

Tables (6' – seat 6 - 8): _____ Chairs: _____ Diagram: if needed, put below

FURNITURE / OTHER:

___ tables

___ chairs

TITAN GYM:

___ boys bleachers

___ girls bleachers

BOW GYM:

___ kitchen

___ bleachers

Special Notes / Requests / Set ups / Diagrams: