

Avon Elementary School

STAFF MEMBER REQUEST

Avon School Facility Use Application

Office Use Only:

| | |
|--|---|
| <i>Staff Member</i> | <div style="display: flex; justify-content: space-around; font-size: 2em;"> □ □ □ . □ □ □ . □ □ □ □ </div> |
| <i>Emergency Contact Number (mobile)</i> | |

By submitting this form, Responsible Party acknowledges receipt of the Avon BOE Regulation R7510 (school website), the Avon Building Use Rules (school website), and agrees to all Rules and Regulations pertaining to the use of Avon School facilities.

| | |
|--------------------------|--|
| Event Title: _____ | Approximate number of attendees: _____ |
| Event Description: _____ | |
| _____ | |

Preferred Location:

| | |
|---|--|
| <input type="checkbox"/> Classroom #: _____ | <input type="checkbox"/> Cafeteria |
| <input type="checkbox"/> Media Center / Library | <input type="checkbox"/> Municipal Building Gymnasium (<i>school hours only</i>) |

Will the event require special equipment or setup? NO YES - Please complete page 2

Will food or beverages be offered at this event? NO YES - See below

Avon School adheres to a "No Nut" Policy. All food and/or beverage will be personally supervised by the Responsible Party.

| Week Day | Month | Date | Start Time | End Time |
|----------|-------|-------|------------|----------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Request Special Equipment

| | | | | |
|--|---|---|---|-------------------------------------|
| <input type="checkbox"/> Tables # _____ | <input type="checkbox"/> Chairs # _____ | <input type="checkbox"/> Podium | <input type="checkbox"/> Mic(s) # _____ | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Projector / Screen | <input type="checkbox"/> SMARTBoard | <input type="checkbox"/> Senteo Remotes | <input type="checkbox"/> ELMO | <input type="checkbox"/> A/V System |
| <input type="checkbox"/> Mobile Sound System | <input type="checkbox"/> Risers | <input type="checkbox"/> Stage | <input type="checkbox"/> Lighting | <input type="checkbox"/> _____ |

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| | | | | |
|-----------------|-------------------------------|-------------|---------------------------|-------------|
| <i>Approved</i> | | | | |
| | <i>Building Administrator</i> | <i>Date</i> | <i>BOE Representative</i> | <i>Date</i> |

Distribution: *Main Office Review* *Sender Notification* *Building Use Calendar* *Hard Copy to Folder*

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Special Equipment Request Notes

Special Set Up Request / Instructions

Set Up Diagram