FACILITY RESERVATION REQUEST
HUNTINGTON INDEPENDENT SCHOOL DISTRICT

DATE REQUEST SUBMITTED: _____

FACILITY REQUESTED: CAMPUS_____

BLDG OR AREA _____

DATE REQUESTED: MO _____ DAY _____ YEAR _____

OPENING TIME: _____A.M. _____ P.M.
CLOSING TIME: _____A.M. _____ P.M.

ACTIVITY OR FUNCTION: _____
_____

REQUESTED BY: _____

WORK PHONE OR EXT: _____HOME PHONE: _____

* LIST ANY SPECIAL EQUIPMENT NEEDED (CHAIRS,TABLES,ETC):

_____
_____
_____
_____
_____
_____

CUSTODIAN NEEDED: YES _____ NO _____

DO YOU HAVE KEY TO ACCESS FACILITY: YES _____ NO _____

If you cancel this activity or need to change the date, time, location, etc, please notify facilities scheduling as soon as possible at 876-5407 or 876-3460 or Ext 621.

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DATE RECEIVED: _____