

Carderock Springs Elementary School  
**“Building Services” Form**

**Submit this form to the Administrative Secretary Mrs. Meyer**

Today's date: \_\_\_\_\_ Contact person: \_\_\_\_\_

Contact person's email: \_\_\_\_\_ Name of group using space: \_\_\_\_\_

Purpose of use: \_\_\_\_\_ Date space/equipment is needed: \_\_\_\_\_

Check **Space** requested:

Start Time

Finish Time

Check **Equipment** needed:

**GYM** \_\_\_\_\_

**All Purpose Room (APR)** \_\_\_\_\_

**Media Center** \_\_\_\_\_

**Classroom(s)** \_\_\_\_\_

Classroom number(s) \_\_\_\_\_

**Kitchen Sink** \_\_\_\_\_

**Field** \_\_\_\_\_

**Other** \_\_\_\_\_

**APR:**  wireless mic  wired mic  lapel mic

internet projection  powerpoint projection

DVD/BluRay/CD  smartphone cord (music)

assistive hearing  risers

**Gym:**  mic on stand  assistive hearing

CD through speakers  lecturn

Food or Drinks:

Food served?  Yes  No

Drinks served?  Yes  No

**Room arrangement: Draw arrangement on back of page**

**APR:**  metal chairs set up, how many? \_\_\_\_\_  Rectangular tables needed, how many? \_\_\_\_\_

**Media Center** (no food or drink near computers) If current arrangement does not meet needs, what book shelves need to be moved?