

Submit this form to the Administrative Secretary
(Carol Meyer) at least 2 weeks prior to event date.

Distribution date:
 ___ BSM ___ PE teacher ___ Other
 ___ KAH Director ___ Media Specialist

Carderock Springs Elementary School Building Services Form

Today's Date	Contact Person	Contact Person's Email
Event Date	Name of Group/Event	Purpose of Event

Check space(s) required <small>Please check with Carol if any groups will be displaced.</small>	Start Time (include set up)	End Time
<input type="checkbox"/> Gym		
<input type="checkbox"/> All Purpose Room (APR) <input type="checkbox"/> Stage		
<input type="checkbox"/> Media Center		
<input type="checkbox"/> Classroom(s) <small>List Room #s</small>		
<input type="checkbox"/> Kitchen		
<input type="checkbox"/> Field		
<input type="checkbox"/> Other		

Check Equipment Needed		
Gym	<input type="checkbox"/> Mic on stand	<input type="checkbox"/> CD through Speakers
	<input type="checkbox"/> Assistive hearing	<input type="checkbox"/> Lectern
APR	<input type="checkbox"/> wireless microphone <input type="checkbox"/> wired microphone <input type="checkbox"/> lapel mic	<input type="checkbox"/> projector screen <input type="checkbox"/> Internet/PPT Projection <input type="checkbox"/> DVD/BluRay/CD
	<input type="checkbox"/> assistive hearing	<input type="checkbox"/> risers
	<input type="checkbox"/> Metal folding chairs # needed _____	<input type="checkbox"/> Rectangular tables # needed _____
Media Center	<input type="checkbox"/> laptop/ Chromebook	<input type="checkbox"/> projector screen <input type="checkbox"/> internet projection <input type="checkbox"/> powerpoint projection

Food or Drinks		
Food served:	Yes	<input type="checkbox"/> No
Drinks served:	Yes	<input type="checkbox"/> No

Room arrangement: Draw arrangement on back of page

APR - draw arrangement of tables and chairs

Media Center - If current arrangement does not meet needs, what book shelves need to be moved?