

LEHSO Facilities Request Form

Date submitted _____ Date approval needed _____

Committee name _____

Contact person & number _____

Contact return address or student name for kid mail _____

Date of program _____ Hours of program _____
Set-up time _____ Break-down time _____

Space and location requested _____

Equipment needed _____

Brief description of program _____

**On back draw a sketch of anticipated lay-out of facilities and equipment.*

Maintenance Staff sign-off

Principal sign-off