

**Calumet Public School District 132
Student Activity Facility Request Form**

Name of Organization/Program: _____

Contact Person: _____ Telephone: _____

Activity: _____

Grade(s) of Student Attendees: _____ # of Adult Attendees: _____

Transportation needed _____ Yes _____ No _____

Are you charging a fee for this group? Yes _____ No _____ If so, how much? _____

Who will be in charge of collecting the fee? _____

Number of Chaperones: _____

Date of Event(s): _____

Day(s): __ Sunday __ Monday __ Tuesday __ Wednesday __ Thursday __ Friday __ Saturday

Start time: _____ End time _____

(Please remember to include set up and clean up time) Set -up time _____

Type of Space Required: Classroom _____ Cafeteria _____ Main Gym _____ Multipurpose _____
Auditorium _____ Field _____

Special Request for space set up (# chairs, tables, podium, room layout, etc.)

Building Principal

Date

Business Office

Date

Buildings and Grounds

Date

Superintendent

Date

This form must be submitted two weeks prior to event/activity for final approval from the Superintendents Office. Thank you