Today’s Date:

H S A Contact:
Name ______________________________ Committee ______________________________
Phone ______________________________ Email ______________________________

Name of Activity _________________________________________________________________

Dates of Activity: ______________________________ Estimated Attendance: ________________

Activity Start Time: ______________________________ Activity End Time: ____________________

Area(s) of school in which activity will take place _______________________________________

SETUP: Please have the following set up by: Date/Day of week ______________________________ Time ______

1. _____ We will make use of the chairs and tables already located in the space. Please arrange them as follows ____________________________________________________________

2. _____ We require the following items to be set-up in this location:

   Tables:  #_____ Approximate location in space ________________________________

   Chairs:  #_____ Approximate location in space ________________________________

   A/V Equipment (specify): _________________________________________________

   Approx. location of A/V _________________________________________________

   Electrical Supply: # of outlets __________Approx. location in space ________________

   Other (specify and give approx. location) ______________________________________

Special Instructions or Important Information: