

Woodbury Middle School Faculty/Building Use Form

(Required for building use by all Faculty/Staff Members)

Date of application: _____

Purpose for using facility: _____

Date(s) desired of activity: _____

Time of activity: From _____ To _____

Actual event time: From _____ To _____

Estimated attendance _____

Student Activity Coordinator(s) _____

Rooms/Area Requested:

Classroom(s) # _____

Cafeteria _____ Gym _____ Stage _____

Locker Room(s) _____ LMC _____ Other Room(s) _____

Field(s) _____

Equipment needed & quantity:

Chairs _____ Bleachers _____

Risers _____ Tables _____ Extension cords _____

PA system _____ Other _____

Describe setup needed, if any: _____

Applicable Signatures:

Date _____ Student Activity Coordinator(s) _____

Date _____ Team Leader _____

Date _____ Building Principal _____

Date _____ Athletic Director _____

After WMS Staff Facility Use Form is completed, 1 copy each for:

Administrator

Athletic Director

Head Custodian

Student Activity Coordinator(s)

Team Leader

WMS Office