

RETURN TO MARIE AVILA via email mavila@sandi.net. MAY TAKE UP TO 3 WEEKS FOR ADMIN'S APPROVAL

| | REQUESTER'S INFORMATION | | | | | |
|-----------------------------------------------|----------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------|--|--|--|
| oday's Date: | Requester's Name: | | Signature: | | | |
| Phone/Ext: | ne/Ext: email: | | Organization: | | | |
| EVENT INFORMATION | | | | | | |
| Activity Date: | Name of Event/Act | ivity: | | | | |
| Activity Start Time: | Activity End Time: | Setup Start Tin | ne: Setup End Time: | | | |
| ☐ Advertise activity/event | ed to attend? on school marquee. osite (www.sandiegounified.or | rg/schools/clark) | | | | |
| s this a fundraising event? | ² □ Yes □ No If yes, please fi | ll out The ASB Fundra | iser Request Form. | | | |
| | | FACILITY | | | | |
| □ Room 205 □ Parent □ Library Conference Roor | Center Room 204 | 108 🗆 Auditorium | ☐ Office Conference Room | | | |
| | SE | TUP & EQUIPMENT | | | | |
| □ U-Shape □ | Classroom Standard Auditorium Setu | Conference | ☐ Hoover Cluster Setup ☐ Use other side to draw setup. | | | |
| | Chairs Qty: Trash | | dium 🗆 Microphone 🗆 Screen Set | | | |
| | | | | | | |
| Additional funding maybe i | SUP required for activities outside | PPORT STAFF of school hours. How | v will this activity be funded? | | | |
| | ecurity Services Media Tec | h Services Other | | | | |
| | | FFICE USE | | | | |
| | By: □ Hendricks | | | | | |

Standard Auditorium Set-Up

Stage

| 4 tables w/Bench | | 4 tables w/Bench |
|---------------------|-----------------------------------------------------|------------------|
| | 9 rows back w/chairs 2 rows of tables with benches | |
| Please draw in this | box if you are requesting a different table/chai | r set-up: |