S. P. WALTRIP HIGH SCHOOL
BUILDING REQUEST FORM

Date Submitted

Name of Event: ____________________________________________

Date of Event: ____________________________________________
Start Time: ________ End Time: ________
Number of Expected Guests/Participants: ________

Preparation Time:
Date(s) Needed: ____________________________________________
Start Time: ________ End Time: ________

Description of Event: ____________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Is this event a fundraiser?  □ No  □ Yes, Amount per Ticket: ________

Date of Written Approval: ______________________________

Requested Areas

Large Spaces: □ Cafeteria □ Auditorium □ Library
Athletic Fields: □ Baseball Field □ Pool □ Tennis Court
□ Competition Gym □ Practice Gym □ Softball Field
Football Field

Outside Spaces: □ Back Parking Lot □ Main Parking Lot □ Fenced in Picnic Area
□ Student Parking Lot □ Front of School

Classrooms/Other Spaces Requested:
□ First Floor: # of Rms. ______ □ Second Floor: # of Rms. ______ □ Third Floor: # of Rms. ______
Other Space: ____________________________________________

Technology Needs:
□ Microphone □ Data Projector □ Projection Screen

Extra Campus Support: (Extra Fee)
□ Event Aide □ Auditorium Lights and Sound Tech □ Police Officer

Primary Contact for Request
Name and Title: ____________________________________________
Email: ____________________________________________
Phone Number: ____________________________________________

Please INITIAL acknowledging the following statements.

□ I understand that I could incur a fee for replacement of supplies, to maintain and return the building it to its original condition. If I have any questions about this, I can contact Mrs. Campos for staff needed and the cost.
□ I understand that I could incur a fee for police during your event. If I have any questions about this, I can contact Mrs. Campos for staff needed and the cost.

For Office Use Only:
Custodial: _____ X $ _______ Police: _____ X $ _______ Replacement Supplies: $ _______ Extra Support: _____ X $ _______

□ Approved  □ Denied Reason: ____________________________________________

Administrator’s Signature _____________________________ Date ____________________________ On Duty ____________________________