

Nixon School Facilities Form for Internal use ONLY

Date of Application ___/___/___

Date of EVENT ___/___/___

Person booking event _____

Address _____ Telephone _____

e-mail _____

Event title _____

Description of Event _____

Space Requested _____ Time requested _____ am/pm to _____ am/pm.

- Cafeteria (**Kitchen off limits**)
- Computer Lab
- Library
- Gym
- Music Room
- Conference Room
- Staff Lounge
- Art Room
- Spanish Room
- Rotunda
- Classroom #

Estimated attendance: _____

Equipment requested _____

Actual time of Presentation if applicable: _____ am/pm to _____ am/pm.

If presentation is divided please list each Teacher's name and exact time.

Teacher _____ am/pm to _____ am/pm

Teacher _____ am/pm to _____ am/pm

Teacher _____ am/pm to _____ am/pm

Teacher _____ am/pm to _____ am/pm

Form should be completed in its entirety before returning to Front Office.

Nixon Principal Approval _____