MUESD Use of Facilities Form

Section 1: Requester Information

MUST BE SUBMITTED 4 WEEKS PRIOR TO PROGRAM/EVENT

Staff Name: _____ Grade-Level or Department: _____

Section 2: Venue Information

Program/Event Name: _____

Date of Event: _____ Start Time: _____ End Time: _____

If your event has multiple dates, please list them:

_____

Parents will sign in (please check):

___ McCabe Office ___ McCabe South ___ Bus Road ___ Corfman Office ___Corfman MPR

___ Gym Gate ___ Corfman South ___ No Parents at this event

___ Other: _____

McCabe Location	**Corfman Location**
☐ McCabe MPR (Floor) ☐ McCabe Stage ☐ McCabe Park ☐ McCabe Lounge ☐ McCabe Library ☐ McCabe Behind Library ☐ McCabe Playground _____ ☐ McCabe Classroom #_____ ☐ Other: _____	☐ Corfman MPR (Floor) ☐ Corfman Stage ☐ Corfman Lounge ☐ Corfman Fields _____ ☐ Gym Classroom (West, East, Both) _____ Partition ☐ Open ☐ Closed ☐ Gym Floor ☐ Corfman Library ☐ Corfman Classroom #_____ ☐ Other: _____

Section 3: M&O Set-Up

Please include specifics, such as number of chairs, tables, etc.

☐ Chairs _____	☐ Tables _____	☐ Gym Bleachers	☐ Trash Cans _____
☐ Podium	☐ Risers	☐ Other _____	

Presentation Style:

___ Classroom Style ___ Board Meeting ___ U-Shape ___ Square

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Section 4: Technology

Please include specifics, such as number of items needed.

☐ Projector	☐ Interactive Monitor	☐ Laptop _____	☐ Screen Down
☐ Music During Event	☐ Extension Cord	☐ Wired Microphone ____	☐ Wireless Microphone __
☐ Podium	☐ No Tech Needed	☐ Other _____	

Section 5: Food Service-ADMIN USE ONLY

Food items MUST be approved and completed by administration.

Administration Approved Items: _____

Admin Signature: _____

NOTE: Administrator will email Food Nutrition Manager the approved items.

Section 6: Approval Signature

Your event will be placed on the district calendar, once principal reviews and provides signed form to useoffacilities@muesd.net

Principal Signature: _____ Date: _____