

# REQUEST FOR USE OF FACILITIES

This is a request for \_\_\_\_\_  
to use the space specified below at Lindsey Hopkins Technical College.

Type of Event: \_\_\_ General Meeting \_\_\_ Workshop \_\_\_ Presentation  
\_\_\_ Orientation \_\_\_ Ceremony \_\_\_ Testing  
\_\_\_ Other \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time \_\_\_\_\_ \_\_A.M \_\_P.M to \_\_\_\_\_ \_\_A.M \_\_P.M.

The Administrator responsible for scheduling and monitoring this event is: \_\_\_\_\_

\_\_\_ Staff Dining \_\_\_ Media/Library \_\_\_ Other \_\_\_\_\_

State specific arrangements necessary for this event and list special equipment needed:

\_\_\_\_\_

Do you need assistance with special equipment: \_\_\_\_\_ Yes \_\_\_\_\_ No

Refreshments/Foods: Will refreshments and/or food items be needed for this event? \_\_\_ Yes \_\_\_ No

If yes, quantity to be served: \_\_\_\_\_ Please list the specific items: \_\_\_\_\_

\_\_\_\_\_

How will the requested food be paid for? \_\_\_\_\_

## Special Needs Request

- No, I do not require special attention or services for this event.  
 Yes, I do have a condition that may require special attention or services. If you check this box provide a general description of your special need (s) below:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Representative/ On-site Administrator

\_\_\_\_\_  
Date

\_\_\_ Approved \_\_\_ Denied \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

CC: \_\_\_ Administrator( s) \_\_\_\_\_

\_\_\_\_\_  
Food Service Manager \_\_\_\_\_

\_\_\_\_\_  
Library/Media \_\_\_\_\_

\_\_\_\_\_  
Security Personnel \_\_\_\_\_

\_\_\_\_\_  
Technology Personnel \_\_\_\_\_

\_\_\_\_\_  
Head Custodian \_\_\_\_\_

FORM MUST BE FAXED 305-545-64368 OR DELIVERED TO BUILDING OPERATIONS (Room E-104) Thank You.

Revised 05/19/2022