

Central Lake Public Schools
Room/Facility Request Form



Today's Date:		Building Requested: Elementary or MSHS		
To: Cindy Rogers (MSHS) or Amanda Teal (Elementary)				
Name of Group:				
Name of Activity:				
Date(s) of Activity:				
Time(s) of Activity:		From:	To:	
Room Requested:		CLASSROOM	CAFETERIA	GYM
		OTHER:		
Additional needs:		PROJECTOR	SCREEN	PA SYSTEM
		OTHER:		
CLPS Facebook Yes/No		CLPS Website Yes/No		
Contact Information of Person Responsible for Activity:				
Name:				
Phone:		Email:		
Address:				
ALL ROOM/FACILITY REQUESTS MUST BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO EVENT.				
OFFICE USE ONLY:				
Administrative Approval:			Date:	
Set on Calendar:			Copy to Activity Leader:	
Additional Copies to:				
Additional Info/Notes:				