

CAMPUS EVENT/ROOM RESERVATION FORM



GENERAL INFORMATION:

Event Name: _____

Event Date(s): _____ Event Start Time: _____ Event End Time: _____

Room(s) To Reserve For The Event: _____

Group/Class Involved: _____ # Of People Expected To Attend: _____

Set-Up Time Begins: _____ Take Down Time Ends: _____

Will you need help to set up? Yes _____ (If so, check with Mr. Swanson) No: _____

Contact Person #1: _____ Cell Phone #: _____

Contact Person #2: _____ Cell Phone #: _____

EQUIPMENT NEEDS: (Do you need any of the following? If so, please list **how many** needed)

Mics _____ Tables 4' _____ Tables 6' _____ Tables 8' _____ Chairs: _____ In Focus Projector _____

SECURITY AND CLEAN-UP:

Security of the building is your group's responsibility during and after your event. Who is the designated person responsible for securing and/or arming the building after the event:

Name: _____ Cell Phone #: _____

Will they need a key/security code from the school office? Yes _____ No _____

(For keys/codes contact Denise Goffe, Director of Admin. Services, at 503-977-5512 or denise.goffe@whcs.org to arrange)

Clean-Up is your group's responsibility, which includes taking out your garbage, sweeping, cleaning up and putting things back where they were. Broom/dustpan, garbage can liners can be found in the Kitchen.

Before submitting this form, please have the following individuals initial below:

Clay Swanson _____ Denise Goffe _____
Vice Principal Dir. of Admin. Services
(For Facilities/Set-Up) (For keys/codes)

Mary Tae _____ Doug Loiler _____
Receptionist Ath. Director
(For calendar/scheduling) (Gym/Auditorium)