



# Trout Creek Academy Facilities Use Request Form

Form to be submitted to Mr. Barnes ([David.Barnes@stjohns.k12.fl.us](mailto:David.Barnes@stjohns.k12.fl.us))

Requestor to Complete	
<b>Name of Requestor:</b>	
<b>Date of Event:</b> _____	
<b>Requestor Contact Information:</b>	
<b>Start Time:</b> _____ AM/PM	
<b>End Time:</b> _____ AM/PM	
<b>Purpose of Event:</b>	<b>Description of Event:</b>
<b>Additional Information (optional):</b>	<b>Location:</b> <input type="checkbox"/> Cafetorium <input type="checkbox"/> Gym <input type="checkbox"/> Outdoor Fields <input type="checkbox"/> Multipurpose Room <input type="checkbox"/> Media Center <input type="checkbox"/> Hall Common Area <input type="checkbox"/> Band/Chorus Classroom <input type="checkbox"/> Classroom # of Classrooms _____
<b>Food/Beverage:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  (For Staff Requests) If yes, have you consulted with the Nurse about allergies, medical concerns, dietary restrictions, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Expected Number of Participants:</b>  (For Staff Requests) <b>Who will be participating?</b> <input type="checkbox"/> Students <input type="checkbox"/> Staff <input type="checkbox"/> Parents* *If more than five, please submit RSVP list to receptionist within 1 week of the event.
<b>Equipment Needed:</b> <input type="checkbox"/> Microphone <input type="checkbox"/> Podium <input type="checkbox"/> Bluetooth Connectivity <input type="checkbox"/> Trash Cans (#_____) <input type="checkbox"/> Tables (#_____) <input type="checkbox"/> Folding Chairs (#_____) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Extra Trash Bags (#_____) <input type="checkbox"/> Additional Cleaning: _____	
<b>How would you like the area set up (draw diagram if needed):</b>	

For Office Use Only	
<b>Date Received:</b> _____ <b>Date Decided:</b> _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
<b>Signature:</b> _____	
<input type="checkbox"/> Event placed on Outlook Calendar <input type="checkbox"/> RSVP list received if five or more parents are attending. <input type="checkbox"/> Background check/stickers printed	<b>Form copied to:</b> <input type="checkbox"/> Teacher/Staff Coordinator <input type="checkbox"/> Maintenance Manager <input type="checkbox"/> Principal's Secretary <input type="checkbox"/> Café Manager <input type="checkbox"/> Technology Support Specialist <input type="checkbox"/> School Nurse
<b>Additional Information (optional):</b>	