

Please mark doors that need to be opened and times:

Door	Open Time	Lock Time
Main Door Right	AM PM	AM PM
Main Door Left	AM PM	AM PM
Main Door (Kindergarten)	AM PM	AM PM
Kindergarten Wing	AM PM	AM PM
Playground	AM PM	AM PM
1 st Street	AM PM	AM PM

Please design setup of tables, chairs, etc.

Room: _____

Other notes/accommodations:

Signature of Requestor: _____

Office Use only:

Available Approved Denied

Restrictions Comments: _____

Principal Signature: _____

**McAuliffe Heights at Irving Elementary
Room Reservation Form**

1. This form must be filled out and submitted to the building principal to verify room availability before the reservation is confirmed for events occurring in the building before 7:00 am and after 3:00 pm.
2. Only reserve rooms for actual use.
3. Please call the office by 3:00 pm if you need to cancel a reservation for the evening.

Name: _____ Phone Number: _____

Today's Date: _____ Date/s Requested: _____

Begin Time: _____ AM PM End Time: _____ AM PM

Room: ½ Gym (café) ½ Gym (stage) Full Gym
 Library Classroom: # _____ Lobby Other: _____

Reason: _____ Approximate Attendance: _____

YES	NO	Needs
		Do you need chairs? If so, how many?
		Do you need tables? If so, how many?
		Do you need a microphone?
		Do you need the podium?
		Do you need technology? If so, please explain:
		Do you need air conditioning?
		Do you need heat?

Other notes/accommodations: