CENTRAL BUCKS SCHOOL DISTRICT

**2024-25 BRIDGE VALLEY FACILITY USE REQUEST FORM**

# Return To: BRIDGE VALLEY MAIN OFFICE Inclement Weather Hotline (267) 893-4020 (Option #5)

**Fill in top section of this form and return to the building you are requesting to use.** PLEASE EMAIL TO JOANNE HAMILTON ***(jhamilton@cbsd.org******)*** or HEATHER GALE (***hgale@cbsd.org******)***

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| --- | --- |
| **SCHOOL REQUESTED:Bridge Valley** | **Date of Request:**  |
| ***Rooms Requested:***□ *Gym* □ *Cafeteria*□ *All-Purpose Room/LGI Upstairs*□ *All-Purpose Room/LGI Downstairs* * *Classroom(s) How many?*
* *Auditorium*
* *Library*
* *Community Room*
* *Stage*
* *Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
 | **Requestor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Start Time (include set up time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Ending Time (include clean up time) \_\_\_\_\_\_\_\_\_\_\_\_\_** **Number expected to attend \_\_\_\_\_\_\_\_\_** **Adults\_\_\_\_\_\_\_\_\_\_ Children \_\_\_\_\_\_\_\_\_\_\_\_****Contact Cell #****\*\*\*CBSD EVENTS ONLY****Name of person supervising:**  |
|  |
| ***Technology Requested:**** *Podium*
* *Projector/Screen*
* *Microphone*
* *Clear Touch*
* *Computer Cart*
* *Extension Cord*
* *Other-- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
 | **Cell #:** |
| Type of Event or Program (meeting, basketball, etc.) |
| ***Equipment Needed******Chairs(#): Tables(#): Risers(#): Other*** |  |
| Description of Event/Program (Please include a flyer if applicable) |
| Sketch of Layout of Space: |  |
|  |
|  | Building Principal Approval: |  |
|  | (Signature) | (Date) |
|  | (Group Member Signature) ( Date) |  |
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