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***](mailto:(jhamilton@cbsd.org)***)*** or HEATHER GALE ([***hgale@cbsd.org***](mailto: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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