

Thorson Internal Building Use Form

Date of Event: _____

Event: _____ Approximate # of people attending: _____

Name of Requestor/Contact Person: _____

Organization: _____

Daytime Phone Number: _____

Start Time: _____ AM or PM End Time: _____ AM or PM

Doors should be Un-locked at: _____ AM or PM Doors should be Locked at: _____ AM or PM

Room(s) Requested: _____

Equipment Needed:

Tables – Number Needed: _____

Chairs – Number Needed: _____

Other: _____

Other: _____

Staff Person on site during event: _____

Signature of Requestor: _____ Date: _____

(By signing, you acknowledge that it is your responsibility to ensure the area used is clean before your departure.)

Request Approved? Yes No

Request denied for the following reason: _____

Administrator/Principal Signature: _____ Date: _____