

Carderock Springs Elementary School @ Radnor

Use of building space

Day's date: _____ Contact Person: _____

Name of group using space: _____

Purpose of use: _____

Equipment space/equipment is needed: _____

Submit this form to the administrative secretary, Mrs. Kurinsky

Room Space requested:	Start Time	Finish Time	Check Equipment needed:	
Multi Purpose Room (APR)	_____	_____	<input type="checkbox"/> Lectern with microphone	<input type="checkbox"/> Extension cord
Media Center	_____	_____	<input type="checkbox"/> wireless microphone	<input type="checkbox"/> LCD projector
Classroom(s)	_____	_____		<input type="checkbox"/> TV/VCR
Room number(s) _____			<input type="checkbox"/> Overhead projector	<input type="checkbox"/> TV/DVD
Kitchen Sink	_____	_____	<input type="checkbox"/> Risers	
Field	_____	_____	Drinks served <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other _____	_____	_____	Food served <input type="checkbox"/> Yes <input type="checkbox"/> No	

Room arrangement

Purpose Room metal chairs set up How many? _____ Rectangular tables needed How many? _____

Show desired room arrangement on back of this page.

Media Center (no food or drink near computers)

If current arrangement does not meet needs, what book shelves need to be moved? Draw arrangement on back of this page.