

# WESTVIEW **W** WOLVERINES

## Custodial Request Form

**Event:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_

\*This form must be turned in to Shannon Parker or Art Wolf 48 hours in Advance

**Time of Event:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Location** (circle one):

Gym                  Library                  Plaza                  Pool                  Room: \_\_\_\_\_

Other: \_\_\_\_\_

**Set-Up By** (circle one):

1st Period          Wolverine Time          2nd Period          Lunch          3rd Period          4th  
Period

Other: \_\_\_\_\_

**Needs:**

Number of Tables: \_\_\_\_\_ Type: \_\_\_\_\_

Number of Chairs: \_\_\_\_\_ Type: \_\_\_\_\_

Bleachers (circle): Yes / No

Mats (circle): Yes / No

Other: \_\_\_\_\_

**Illustration of Set-Up:**