



## Custodial Request Form

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

**Date(s) of Event:** \_\_\_\_\_

\*This form must be turned into Mr. Sosnowski/ASB 48 hours prior to the event

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

**Sponsoring Club/Team/Group:** \_\_\_\_\_

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

**Contact Phone:** \_\_\_\_\_ **Contact Email:** \_\_\_\_\_

**Location (circle):** Gym      Library      Plaza      Pool      Room: \_\_\_\_\_

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

**Set-up by (circle):** 1st Period      Wolverine Time      2nd Period      3rd Period      4th Period

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

**Needs:**

|                           |                   |
|---------------------------|-------------------|
| Number of Tables:         | Number of Chairs: |
| Bleachers Out? (Gym only) | EZ Ups:           |
| Other needs:              |                   |

Attach an illustration or drawing if necessary