



West Park Elementary Facility Request



Requestor's Name: _____

Organization Name: _____

Request if for: Rm# _____ MPR _____ Kitchen _____
Athletic Field _____ Other _____

Date of Use: Beginning On _____ Ending On: _____

Start Time: _____ End Time: _____

Number of Participants: _____

Describe Event: _____

Setup Needed: PA _____ Projector _____ # Chairs _____ # Tables _____

Other: _____

Food Service Needed: Yes _____ No _____

If yes, please explain: _____

Cleared By: Mr. Rangel _____ Mr. Randolph _____ Mrs. Romero _____
Mrs. Garcia _____ Mr. Martinez _____

Request Status: Approved _____ Denied _____

Final Approval:
Superintendent Signature: _____ Date: _____