

# GISD SPECIAL EVENT FACILITY RESERVATION



**GREENVILLE ISD**  
LESSONS FOR WHEREVER LIFE LEADS

Fax form to 903-457-2504 or email [ashforde@greenvilleisd.com](mailto:ashforde@greenvilleisd.com)

Name/ Description of Event: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Employee Responsible: \_\_\_\_\_

Assigned Campus: \_\_\_\_\_

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

Employee Signature: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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

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

End Time of Event: \_\_\_\_\_

Setup time: \_\_\_\_\_

Cleanup time: \_\_\_\_\_

Phone number: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Number Attending: \_\_\_\_\_

Date: \_\_\_\_\_

### Facility Needs

<b>Greenville ISD Campus:</b> <input type="checkbox"/> L. P. Waters ECC <input type="checkbox"/> Bowie ES <input type="checkbox"/> Carver ES <input type="checkbox"/> Crockett ES <input type="checkbox"/> Lamar ES <input type="checkbox"/> Travis ES <input type="checkbox"/> SGC <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> Houston Ed. Center <input type="checkbox"/> Service Center <input type="checkbox"/> Wesley Martin AB	<b>Room:</b> <input type="checkbox"/> Classroom #: _____ <input type="checkbox"/> Auditorium <input type="checkbox"/> Cafeteria <input type="checkbox"/> Kitchen[mandatory fees after hours] <input type="checkbox"/> Library <input type="checkbox"/> Gym <input type="checkbox"/> Main (HS seats 1,986) <input type="checkbox"/> Auxiliary <input type="checkbox"/> GHS Living Room <input type="checkbox"/> GHS Lecture Hall <input type="checkbox"/> GHS Stadium <input type="checkbox"/> GHS Indoor Facility <input type="checkbox"/> Other: _____	<b>Setup/Cleanup times:</b> <input type="checkbox"/> Setup Time _____ <input type="checkbox"/> Cleanup Time: _____	<b>Custodian:</b> <input type="checkbox"/> Needed <input type="checkbox"/> Not Needed <input type="checkbox"/> Employee responsible will open, cleanup and close facility <input type="checkbox"/> Other employee will open/close  Name _____
<b>Sound System</b> <input type="checkbox"/> Not Needed <input type="checkbox"/> Portable / Wireless <input type="checkbox"/> Trained Person <input type="checkbox"/> Other	<b>Air Conditioning</b> <input type="checkbox"/> HVAC work order # _____ <input type="checkbox"/> Work order entered by: _____ Date: _____	<b>Tables</b> <input type="checkbox"/> Number: _____ <b>Podium</b> <input type="checkbox"/> Needed <input type="checkbox"/> Not needed	<b>Chairs</b> <input type="checkbox"/> Number: _____ <input type="checkbox"/> Reserved Seating <input type="checkbox"/> Special Arrangement Instructions

**If technology is needed, please follow their procedures and/or enter a technology work order.**

#### ADMINISTRATORS:

Campus Principal Signature: \_\_\_\_\_  Approved  
(if event will be at another campus) (DATE)  Denied \_\_\_\_\_

Athletic Director Signature: \_\_\_\_\_  Approved  
(if event will be at another campus) (DATE)  Denied \_\_\_\_\_

Chief Financial Officer Signature: \_\_\_\_\_  Approved  
(if event will be at another campus) (DATE)  Denied \_\_\_\_\_

#### ADMINISTRATION USE ONLY

<b>DATE RECEIVED:</b>	<b>DATE EMAILED:</b> <input type="checkbox"/> REQUESTOR & CAMPUS <input type="checkbox"/> CAMPUS AND OPERATIONS	<b>DATE ADDED TO OPERATIONS DEPT. CALENDAR:</b>
-----------------------	---	---

After approval/denial from principal (of needed facility) and Administration, you will receive an emailed copy.  
If you have any questions call Edith Ashford, **903-408-4417**.