

**Meadow Lane
Building Usage Form**

(Please submit completed form to Cheryl Woodford at least 2 weeks in advance)

NAME OF ACTIVITY _____

CONTACT PERSON _____ PHONE _____

DATE OF ACTIVITY _____ CIRCLE ONE: AM PM

BEGINNING TIME _____ ENDING TIME _____

PLEASE INDICATE DOOR(S) FOR YOUR ACCESS _____
(SEE MAP ON BACK OF THIS FORM)

ROOM(S) TO BE USED (please have person responsible for the space you are using initial below)

NEEDED EQUIPMENT (Please coordinate use of electronic equipment prior to submitting this form)

NUMBER OF CHAIRS _____

NUMBER OF TABLES _____

OTHER _____

DIAGRAM OF SET UP

(Use map on back or include attachments if needed)

Please have person responsible for the
space you are using initial below

- ____ Library
- ____ Gym
- ____ Cafeteria
- ____ Music Room
- ____ Art Room
- ____ Other _____

For Office Use Only:

Reserve bus lane yes _____ no _____

Date Received _____