

Request for Special Use/ Rental of School Facilities

<u>Instructions</u>: Before completing this form, please contact Marlene Vondran in Operations at 302-892-4363. You must then fax the request to 302-892-4327. This is to confirm the availability of the area for your event. Upon confirmation, please submit one completed copy of this form to the Operations Department at least five (5) working days prior to the event. All request for rental will be coordinated through the Operations Department.

Date of Application:		Contact Person:	_ Contact Person:				
Group Name:			Contact #:	Contact #:			
Event:							
Room/Area R	equested for Eve	nt:					
Date Requested for Event:			Times: from	am/pn	n to:	am/pm	
Approximate	number of peopl	e attending e	event:				
	PLEASE	ATTACH SEA	NTING PLANS AND ANY OTH	IER SPECIAL INST	RUCTIONS		
	D (PLEASE CIRCLE	•					
Tables:	YES (#)	NO	Is Security Needed?	YES NO			
Trash Cans	YES (#)	NO	Trash Can Liners Telephone Required	YES (#)	NO		
Ext. Cord	YES (#) YES (#) YES (#)	NO			NO		
Heat or AC	YES (#)	NO	Restrooms	YES NO			
	•		eanup and garbage remova			-	
Other additio	nal assistance ne	eded from th	e Operations Department:_				
Additional Co	mments:						
Signature:			Email:				
Tel #(if differe	ent than above):_						