

Woodville Independent School District
Scheduling of Events
Reservation of School Facilities
By Campus or District Staff

Today's Date _____

Activity or Event: Purpose (Describe Activity) _____

Campus: _____ Group: _____

Participants: Everyone

Specific Individuals / or Group to be notified:

(Who are to attend event, i.e., "Math teachers, 6-8", "Counselors". Email will be sent to those individuals.)

Date(s) Requested: _____ Begin Time: _____ End Time: _____

Door #'s to be unlocked: _____ Begin Time: _____ End Time: _____

Program Time: Begin Time: _____ End Time: _____

Facility Requested:

- Board Room
- Auditorium
- Library
 - HS
 - MS
 - IS
 - ES
- Cafeteria
 - HS/MS
 - IS/ES
- Community Room
- Gym
 - Kirby
 - HS
 - MS
- Classroom _____
- Parking Lot _____
- Athletic Field
 - Stadium
 - Other _____

Describe any special equipment needed:

Describe any special set-up required:

Contact Person: _____

Campus: _____

Approved: _____

Date: _____

Placed on Campus Calendar: _____

Copy sent to Sandy Reider to be placed on district calendar. _____ (date)

Technology: Campus / Representative will be responsible for setting up equipment needed for meeting/workshop.