

Lee's Summit School District Facility Set-Up Form

Date of Event: ____/____/____ Contact Person: _____

Name of Event: _____

Organization: _____

Contact Person Phone: _____

Contact Person Email Address: _____

Locations/Areas of Building: _____ Will Food Be Served: _____

Actual Time of Event: Start _____ End _____ # People Attending: _____

Set-Up needs to be completed by: _____ (time party needs access to area)

Notes: _____

Facility Set-Up (If you need a specific set-up, please detail in notes or attach a diagram/explanation)

Table(s) # _____	Chair(s) # _____	Arrangement (attach diagram or detail in notes)	
Equipment Set-Up		Yes or No	Explanation (if necessary)
Sound System			
Podium			
Microphone			
Custodial Assistance Needed (Please explain)			

Please Return to Jill Resendiz in the LSR7 Facilities Office

Jill.resendiz@lsr7.net or fax form to 816-986-2435