

## ACTIVITY & ROOM USE REQUEST

_____ Name of Activity	_____ Date of Activity
_____ Room Requested	_____ Period/Time of Activity
_____ Sponsor's Name	

Please provide a brief description of your activity:

Please list special set-up needs (chairs, tables, mic, etc...). If needed, draw a diagram on the reverse side of this form.

Please make a copy for your records and submit to Mr. Shibata at least 2 weeks prior to date of request.

### **TO BE COMPLETED BY OFFICE**

- Mr. Shibata, APSCS (Calendar) c  b
- Mr. Giron (Plant Manager)
- Other \_\_\_\_\_