

DATE RECEIVED _____ INITIALS _____

Mullen High School

Building/Classroom Reservation Request

*****ALL REQUEST MUST BE SUBMITTED A MINIMUM OF SEVEN (7) DAYS**

PRIOR TO THE DATE OF EVENT to

LaVoynn Miller at miller@mullenhigh.com 303-761-1764 ext.2405

Facilities Usage regulations:

- Events are only scheduled Monday –Thursday
- Facilities WILL NOT be scheduled on Non-school days or holidays
- The following is prohibited in ALL areas of Mullen High School Campus:
 - Smoking
 - Helium-filled balloons
 - Smoke/fog machines
 - Loose glitter/confetti
 - Events having Alcoholic beverages MUST BE APPROVED prior to event
 - Wall fasteners other than removable BLUE painters tape
 - Any equipment that requires other than existing electrical outlets or circuits
 - Users of facility area is responsible for all clean-up of the event which includes removal of ALL decorations/fasteners.
 - Removing ALL trash to outside green dumpsters, cleaning all used furniture and returning all furnishings to their original positions.
 - In the Rilko main area chairs should be stacked by each table six chairs to a stack.

Failure to follow these regulations may result in the organizations ability to use these facilities for future events .

** By signing below you are indicating that you have read the above regulations and agree to them.

Signature that the above has been read and agreed to _____

Date _____

Date(s) requesting for usage _____ Hours needed for facility usage _____

Please check which location you would like to reserve:

RILKO:

CHAPEL _____ LOBBY _____ MAIN SPACE _____ STAGE _____

KITCHEN AREA (Must have Food Service Manager's Initials _____)

STUDENT LIFE CENTER:

MAIN AREA _____ UPPER MAIN AREA CLASSROOM _____

SFERRA:

MAIN LIBRARY AREA _____ SFERRA LOBBY _____

PARTNERS HALL:

KEHOE _____

CLASSROOM(S) NUMBER (S): _____

OTHER (Please Explain) _____

****Usage of Hutchinson Field House, Old Gym, Green Room or any area of these buildings and/ or any sporting field contact Hank Hooper at hooper@mullenhigh.com**

CONTACT INFORMATION:

Person and or Group requesting _____

Phone Number _____ e-mail address _____

Description of Activity _____

Approximate number of participants: _____ Will food be served? _____

Please describe _____

Does this activity require use of the kitchen in the Rilko? _____ (remember to get approval from Manager)

**If so please describe in detail what is needed _____

Do you need any of the following equipment for usage?

(IF SO A COPY OF THIS REQUEST MUST BE SUBMITTED TO MS. HAMMER hammer@mullenhigh.com)

Microphone(wireless) _____ how many _____

Hand held microphone _____ how many _____

Podium and mic _____

Overhead projector with screen/remote _____ Usage of Internet _____

Any other special equipment set up (please explain) _____

Will area be decorated? _____(no helium balloons allowed)

Description of decoration(s) _____

*Please expect an email and/or phone call for confirmation and if there are further questions.