



DUKE ELLINGTON SCHOOL OF THE ARTS FACILITIES REQUEST FORM

DESA DEPARTMENT MAKING REQUEST: _____

1. PURPOSE FOR REQUEST CLASS/EVENT: _____

2. DATE(S) (attach an additional sheet of dates if necessary): _____ 20____

3. PERFORMANCE SPACE REQUESTED: **Theater, Performance Hall, Cafeteria, Gallery**

4. ROOM(S) / AREA(S) REQUESTED: Room # _____; Media Center, Portico, Fitness Center

5. MONTH, DAY & TIMES REQUESTED _____

6. Set up time: _____ AM / PM to _____ AM / PM Doors open time: _____ AM / PM

o Event time: _____ AM/ PM to _____ AM / PM Clean up time: _____ AM / PM to _____ AM / PM

7. SET-UP NEEDS (attach an additional sheet for more specific instructions if necessary)

8. Tables (quantity and location): _____ Chairs (quantity and location): _____

9. Technical needs (microphones, audio/visual, etc.): _____

10 Podium: yes/ no other needs and / or requests: _____

GENERAL INFORMATION

11. CHAIR CONTACT INFORMATION Name: _____ Office # _____

Email: _____ Phone number: _____

12. EXPECTED ATTENDANCE: _____

13. ADMISSION CHARGE / COLLECTION OF MONEY / FUNDRAISER: Yes / No

14. MEAL / FOOD to BE SERVED: Yes / No

I, the undersigned, do affirm that I have read the regulations pertaining to the use of DESA facilities and hereby agree to comply with the rules.

CHAIR'S /TEACHER'S/STAFF'S SIGNATURE: _____ DATE: _____

DSL/ ADMINISTRATOR'S SIGNATURE: _____ DATE: _____