

BURLEIGH FACILITY REQUEST FORM

Name or Type of Event:

Date of Event: _____ **Supplementary Materials/Activities Process was**
Followed ____ **Yes** ____ **No**

Size of Group: _____

Time of Event: _____ **Beginning** _____ **Ending**

After school/evening student activities sponsored by Burleigh Elementary School and/or the Burleigh PTO require administrative/designee supervision.

Supervisor(s) Name: _____ **Administrator/Designee Approval:**

AREAS REQUESTED

Main Gym North__ **South**__ **Aux Gym North**__ **South**__ **Media Center**__

Cafeteria East__ **Viking Room**__ **Stage**__ **Black Top**__

Soccer Fields North__ **South**__ **Baseball Diamond East**__ **West**__

Playground Equipment East__ **South**__ **Grassy Area West of Office**__

Other Location

Equipment Needed

Please draw diagram of setup required:

Event Coordinators:

Phone Number

Domach_____

Zanon_____

Approved (Y/N)