



# FALLS CHURCH CITY PUBLIC SCHOOLS

## ROOM REQUEST SETUP FORM

This form must be completed and submitted to the Facility Services Department no later than **2 weeks prior to the event. Please allow one week to process this request.**

Submitted by: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Department/Organization: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Contact Email Address \_\_\_\_\_

Event Name/Purpose: \_\_\_\_\_

Date of Event/Activity: \_\_\_\_\_ Time of Event/Activity: From \_\_\_\_\_ <sup>am</sup> pm To \_\_\_\_\_ <sup>am</sup> pm

Requested Set-up Date: \_\_\_\_\_ Requested Setup Time: \_\_\_\_\_

School Name: \_\_\_\_\_ Will food be served? Yes \_\_\_ No \_\_\_

Room(s) Requested \_\_\_\_\_ Expected Attendance \_\_\_\_\_

### **DIAGRAM OF ROOM SETUP\*\***

*\*\*Only use this section if a special setup is required. Please draw the diagram showing location, number of chairs, tables and other special equipment needs.*

### **OTHER RESOURCES NEEDED (Circle all that apply)**

Whiteboard LCD Projector Laptop Sound/AV Equipment Microphone Easel Podium Tables Floor Protection Mats (Gyms Only)

Extra Trash Cans Grills Coolers Water-Hoses Other (please explain) \_\_\_\_\_

**For questions about this request please contact Seve Padilla in the Facility Services Department  
703-248-5684 (direct), 703-248-5600 (Main), 703-248-5552 (fax), [seve@fccps.org](mailto:seve@fccps.org) (email)**