

**WILLCOX UNIFIED SCHOOL DISTRICT
480 NORTH BISBEE
WILLCOX, AZ 85643**

IN-HOUSE FACILITY USE REQUEST

NAME OF REQUESTER: _____

SITE OF REQUESTER: DISTRICT OFFICE

REQUEST USE OF: PLEASE SELECT FOR _____

DATE: _____ TIME: _____
FROM _____ TO _____

THE FOLLOWING EQUIPMENT WILL BE REQUIRED:
(CHECK ALL THAT APPLY)

- MICROPHONE (s) SPECIFY NUMBER _____
- PODIUM
- TRANSPERANCY OVERHEAD PROJECTOR
- DOCUMENT CAMERA PROJECTOR
- SCREEN
- TV
- DVD PLAYER
- VHS PLAYER
- MULTI-MEDIA PROJECTOR (MMP)
- LAPTOP W/REMOTE
- MEDIA CART
- TABLES/CHAIRS SETUP/NUMBER _____
- (GIVE A BRIEF DESCRIPTION OF SET UP NEEDS) _____
- OTHER REQUIREMENTS (EXPLAIN) _____
- NEED CUSTODIAN AT EVENT

ANY OTHER NEED: _____

**PLEASE EMAIL TO YOUR SUPERVISOR FOR APPROVAL AND THEY WILL
FORWARD IT TO MARINA TAPIA AT DISTRICT OFFICE**

FOR ALL CAFETERIA REQUESTS, MR. CURRIN WILL ASSIGN A CUSTODIAN TO
CLEAN PRIOR TO 7:00 AM NEXT MORNING.
