

Orchard Park Central School District

ACTIVITY PERMIT REQUEST FORM

Building Requested _____ Day & Date of Activity _____

Event _____

Time: Start _____ End _____

Person in charge of event (requestor) _____ Phone# _____

Chaperones _____

Special Police _____

Check Area/Areas Needed for Activity:

Auditorium/Cafetorium _____ Cafeteria-Small/Large _____ Aux Gym _____ Gym _____ Fields (Specify) _____

Classroom _____ Foyer _____ Kitchen _____ Library _____ Pool _____ Other _____

Please circle special equipment needed for activity and amount of each:

Chairs: _____ Tables: _____ Audio Visual: _____ Projector/Screen: _____ Other: _____

****Technology equipment needed to be entered into Computer Services Help Desk by requestor.**

Please approve/disapprove building permit and return to the Buildings & Grounds office. Thank you.

Building Superintendent/Principal _____ Date: _____

Supervisor of Buildings & Grounds _____ Date: _____

PERMIT# _____

For delivery by US mail: Address: _____