



**MASTER CALENDAR/SPACE INFORMATION
FORD ELEMENTARY SCHOOL**

Type of Program/Event _____

Date of Request: _____ Date of Event: _____

Event: _____

Location: _____ Time of Event: _____

Grade Level: _____ Contact Person: _____

Number of Students: _____ Number of Classes: _____

Lunches Ordered: _____ Schedule change made: _____

Equipment Needed:

Microphone: _____ Sound System: _____

Stage: _____ TV, VCR: _____

Other: _____

Maintenance/Custodial Services

Custodial Labor: Hours required: _____ Cost per hour: _____ A/C-Heat: _____

Tables(#): _____ Chairs(#): _____ Other: _____

Diagram of arrangement on back of form if needed: _____

Location Approval

Media Center: _____ PE Classroom: _____ Other: _____

Distribution and Initial:

Head Custodian: _____ ASP: _____ Asst. Principal: _____ Specialist: _____

Media Center: _____ Cafeteria Manager: _____ Secretary: _____

Principal's Approval and Date: _____

Secretary will give contact person a copy after approval.