

Wicomico County Public Schools

Group/Organization

Name of Group/Organization _____

Contact Person's Name _____

Extension / Phone Number _____

Date(s) of event/class _____

Event/Class/Reason _____

School / Facility _____

Dates Requested

	Date	Date	Date	Date	Date	Date	Date
Date							
Time In							
Time Out							
Show Times - Start							
Show Times - End							

Area(s) Requested

	Check area requested						
Auditorium							
Make-Up/Dressing Room							
Ticket Booth							
Concession Stand							
Restrooms							
Lobby Area							
Aud 1- Band Room							
Aud 2 - Choir Room							
Gym							
Cafeteria							

Required Services

Custodial/Clean up							
Security (actual event only)							

Service Desired

	Check if needed						
Piano Tuner							
Electrician Tech							
Lighting Booth							
Light Technician							
Other							

Equipment Desired

	How many?						
Tables							
Chairs							
Flags							
Podium							
Overhead							
Microphone							
Piano							
Screen							