

MANSFIELD I. S. D.

EVENT NOTIFICATION FORM

DATE OF NOTICE: _____ VIA: *Email* *Fax #*

TO: Campus Administrator/Rep: _____

DATE OF THE EVENT: _____ BEGIN TIME _____ AM / PM _____ END TIME _____ AM / PM

ORIGINATING CAMPUS / DEPT _____

ROOM/FIELD REQUESTED _____

ORGANIZATION / EVENT _____

REQUESTOR _____ HVAC Logged

CONTACT PERSON _____ Est. Attendance: _____

WORK / HOME PHONE _____ Admissi YES NO

MOBILE / EMAIL / FAX _____ How Much? _____

*****CUSTODIAN NEEDED***** CHECK ONE YES NO

Type of Event:

- | <input type="checkbox"/> Booster Club Meeting | <input type="checkbox"/> MYB/AAU | <input type="checkbox"/> Sporting Events | | | | |
|---|--|---|-------------------------------|--|------------------------------|-----------------------------|
| <input type="checkbox"/> Church Banquet | <input type="checkbox"/> Practice/Game | <input type="checkbox"/> Student Lock-ins | | | | |
| <input type="checkbox"/> Church Services | PT <input type="checkbox"/> Meeting | <input type="checkbox"/> Other _____ | | | | |
| <input type="checkbox"/> Crime Watch | School Event/Extended Hours | <table border="1"> <tr> <th colspan="2">IS THIS SCHOOL DISTRICT EVENT</th> </tr> <tr> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> </table> | IS THIS SCHOOL DISTRICT EVENT | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| IS THIS SCHOOL DISTRICT EVENT | | | | | | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | | | |
| <input type="checkbox"/> Homeowners Association | <input type="checkbox"/> Scouts | | | | | |

Special Instructions: _____

Note: This information must be faxed to the MISD Facilities Office at 473-5737 ONLY.

***** THIS SECTION FOR M.I.S.D. FACILITIES OFFICE USE ONLY: *****

Needs: TV V/CR Overhead Lights System Tables: _____
 Security Personnel: MISD Police Dept. Ambulance / Local Fire Dept.

CUSTODIAN NEEDED FOR: OPEN CLOSE Employee#: _____

Custodian assigned to work: _____ per hr = \$ _____
 Number of hours worked: _____ X _____ TOTAL DUE _____
 Number of hours worked: _____ X _____

CC: Custodial Supervisor Child Nutrition Sound Tech Director Grounds MISD Police

Emergency Contacts: MISD Police 299-6000 MISD 24-HOUR EMERGENCY # 817-299-6000