

# LEE'S SUMMIT HIGH SCHOOL FACILITY REQUEST FORM

Please contact LSHS Activities Office with any questions or for Coke product information  
at 816-986-2107. LSHS is at: 400 SE Blue Parkway, Lee's Summit, Mo 64063

**GROUP CATEGORY:**      **LSHS Group** \_\_\_\_\_                      **R-7 District Group** \_\_\_\_\_                      **Outside of District Group** \_\_\_\_\_

Name of Event \_\_\_\_\_

Single Day Event                      Multiple Day Event                      Repeats? \_\_\_\_\_ (Explain in Notes)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_                      Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Organization \_\_\_\_\_

Sponsor Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Alternate # \_\_\_\_\_

(Please have one contact person from the organization work with the LSHS staff. Thank you!)

Locations(s)/Area(s) \_\_\_\_\_ Will food or snacks be served? \_\_\_\_\_

**Actual** time of event: Start \_\_\_\_\_ End \_\_\_\_\_ Number of people attending \_\_\_\_\_

Set-up needs to be completed by \_\_\_\_\_ (time party needs access to area)

Notes: \_\_\_\_\_

\_\_\_\_\_

**FACILITY SET-UP** (If you need a specific set-up please detail in notes or attach a diagram/explanation)

Table(s) # _____	Chair(s) # _____	Arrangement (attach diagram or detail in notes)	
<b>Equipment Set-up</b>		<b>Yes or No</b>	<b>Explanation</b> (If necessary)
Sound & Light System			
Podium			
Microphone			
Portable Projector and Screen			
Projector and Screen in Lecture Hall			
Projector and Screen in PAC			
Custodial Assistance Needed (please explain)			
Cafeteria Kitchen Equipment (Special Permission Required, Fees Involved, Arrange through Activities Office)			

**DRINKS (Only Coke products are to be used in R-7 School District buildings)**

Soda (# cans) \_\_\_\_\_                      Bottled water (# 16.9 oz) \_\_\_\_\_                      Coffee (# of cups) \_\_\_\_\_  
 (\$.36 per can)                      (\$.38 per bottle)                      Cafeteria will bill @50-100 cups

An igloo cooler(s) of ice water available on request. You will need to provide your own cups. \_\_\_\_\_

Accounts drinks to be charged to or party to bill (if applicable): \_\_\_\_\_

Administrative Approval: Dr. Faulkenberry \_\_\_\_\_ Chad Hertzog \_\_\_\_\_ Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please return form to Renee Baxter in the LSHS Activities Office.**

Email Renee at renee.baxter@leesummit.k12.mo.us or fax form to 986-2095.