

CLARENCE CENTRAL SCHOOL DISTRICT IT REQUEST FORM

FOR B & G OFFICE USE ONLY	PERMIT #
(Assigned by B & G)	

EVENT DATE:	
TIME OF EVENT:	Beginning: _____ Ending: _____
TIME EQUIPMENT IS NEEDED:	
ORGANIZATION / CLASS:	
CONTACT:	
CONTACT PHONE NUMBER AND/OR EMAIL ADDRESS:	
LOCATION:	<input type="checkbox"/> AUDITORIUM <input type="checkbox"/> LECTURE HALL <input type="checkbox"/> OTHER (please specify) _____

You are responsible for the set-up and clean up of all chairs, decorations and any other materials brought into the auditorium or lecture hall. There is NO food or beverage of any kind allowed in the auditorium or lecture hall.

SERVICES AND/OR EQUIPMENT REQUIREMENTS	
SOUND # _____ Wireless Microphone(s) # _____ Wired Microphone(s)	<input type="checkbox"/> Internet Access <input type="checkbox"/> CD Player <input type="checkbox"/> VCR Player <input type="checkbox"/> DVD Player <input type="checkbox"/> Video Projector <input type="checkbox"/> Screen <input type="checkbox"/> Overhead <input type="checkbox"/> Other _____
ADDITIONAL REQUESTS/NOTES:	

IT OFFICE USE ONLY	IT HOURS REQUIRED: _____
TECH ASSIGNED TO EVENT: _____	DATE RECEIVED: _____
DATE SUBMITTED: _____	DATE RECEIVED: _____