

**ALL REQUESTS MUST
BE RECEIVED 10 DAYS
IN ADVANCE OF YOUR
ACTIVITY!**

RIVER SCHOOL
2447 Old Sonoma Rd
Napa, CA 94558

APPLICATION FOR SCHEDULING ACTIVITIES & USE OF RIVER SCHOOL FACILITIES

ACTIVITY/EVENT/CLUB/OTHER: _____

Day(s) & Date(s) of ACTIVITY _____

Date Activity begins _____ Time: _____

NAME OF PERSON ORGANIZING ACTIVITY _____

TITLE (Teacher, PAC Rep., Parent, etc.) _____

Telephone # of Contact Person _____ e-mail _____

Purpose of activity _____

Budget Attached if Applicable _____ (Please check) Email this Form to: **Mford@nvusd.k12.ca.us**
Or fax to: **(707) 258-2800**

Facility requesting:

<input type="checkbox"/> Library	<input type="checkbox"/> Outside Patio area
<input type="checkbox"/> Classroom #	<input type="checkbox"/> Other:
<input type="checkbox"/> School Office	
<input type="checkbox"/> Staff Room	

Furniture and Equipment requesting:

<input type="checkbox"/> KEY	<input type="checkbox"/> Chairs #
<input type="checkbox"/> Tables #	<input type="checkbox"/> P A System
<input type="checkbox"/> Piano	<input type="checkbox"/> Other

Set-up Time _____ Clean-Up Time _____

Personnel Required: Custodian/ Other _____

Signature

Date form Submitted

Signature of person picking up key _____ Date: _____

Person returning key _____ Date: _____

Office personnel accepting key _____ Date: _____

For Office Use Only:

Principal's Signature

Date

- Approved
 Not Approved Due to the following conflict _____

For Office Use Only:

- Charted on Activity Calendar
 Teacher Informed
 Custodian Informed
 Budget Attached

Received and Completed by:
