

RTHS Cafetorium Reservation Form

Event Name:

Name of Organization/Activity:

Name of Person in Charge:

Contact Number:

Reservation Date(s):

Begin Time:

End Time:

Organization Type:

Type of Seating:

	Student/Faculty Organization (Principal)			Auditorium Chairs To seat how many: _____
	Athletic Organization (AD)			Auditorium Chairs with Tables To seat how many: _____ Rectangle <input type="checkbox"/> Round <input type="checkbox"/>
	Community Organization (Superintendent)			Cafeteria Style Tables/Benches To seat how many: _____

Describe Activities:	
Diagram for special set up:	

Sponsor Signature:

Approval

Signature: