



# Pine-Richland School District

DATE OF REQUEST:

REQUESTER'S NAME:

REQUESTER'S PHONE#:

REQUESTER'S EMAIL:

**\*\*\*\*\*PLEASE COMPLETE AND FORWARD THIS FORM TO: \*\*\*\*\***

DIANE BUCKNUM, FSD [DBUCKNUM@PINERICHLAND.ORG](mailto:DBUCKNUM@PINERICHLAND.ORG) OR FAX: 721-625-7925

Date of Event:

Building/Room:

Event Start/End Times:

Facilities Permit Number:

### Small Equipment – No Charge

Coffee Urn:

101 Cup      55 Cup      36 Cup

Hot Water Urn

Punch Bowl & Ladle

Basket(s)

Trays

Other:

### MOBILE EQUIPMENT – REQUIRES \$50.00 DEPOSIT PER UNIT

MILK COOLER    FOOD WARMER    ETC.