

SMJUHSD
DISTRICT OFFICE
Set-Up Request Form

RESERVATION INFORMATION

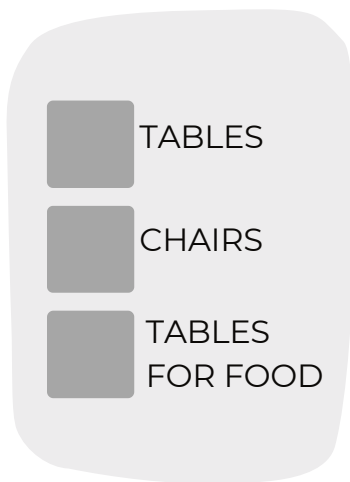
ROOM _____

DATE _____

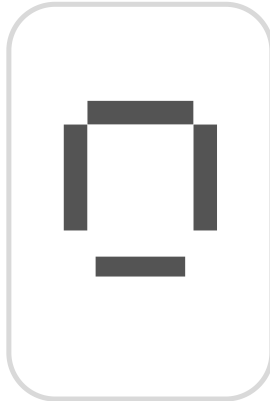
MEETING TITLE _____

TIME _____

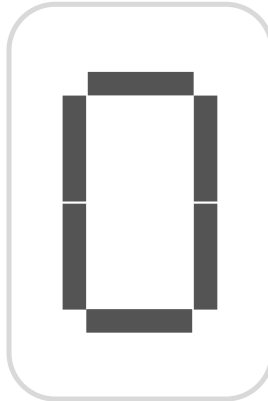
CONTACT PERSON _____ EXT. _____



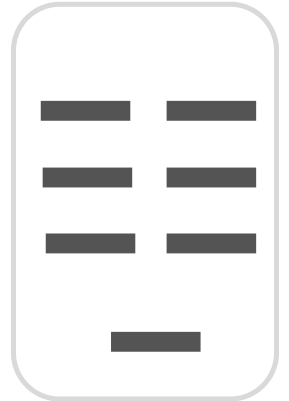
☐ INTERVIEW



☐ CABINET



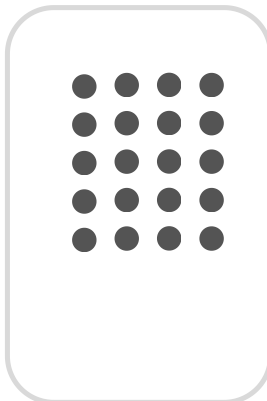
☐ TESTING



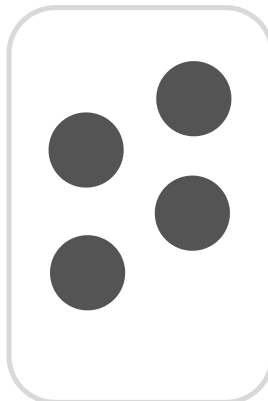
☐ CUSTOM



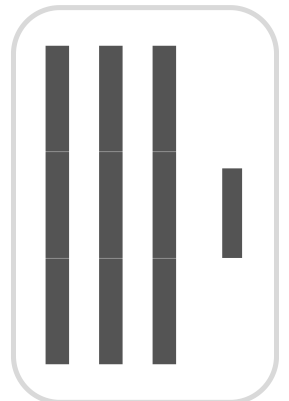
☐ THEATER



☐ BANQUET



☐ CLASS



ADDITIONAL REQUESTS

Submit Completed Form To: edalvarez@smjuhsd.org / cstarr@smjuhsd.org

MAINTENANCE USE ONLY

RECEIVED BY		COMPLETED BY	
DATE		DATE	