

## Please Print Legibly

<b>Facility</b>	y Checklist	K
Facility	Jse: Form 2900-	

School	Site:					Reservation #:	
User Gr	oup:					Date:	
Arrival: Sche	eduled:				Actual:		
				То	be Completed by the User Gro	рир	
Arrive				Depart		Comments	
	Areas V	/ere Clea	an:				
	Rest Rooms						
	Hallways						
	Requested Spaces						
	Trash Bins Available						
	Requested Equipment:						
		ilable					
		king					
		As Requ	ested				
Other Comr	nents:						
<b>Departure</b> : S	Scheduled	:			Actual:		
					School Use Only		
Pe	rsonnel		Hours Exp	ected	Arrival	Departure	Difference
Custodian							
Facility Supervisor							
Technician							
Student Ted	chnician						
If hours was	rkad avaa	ed hours	expected, please	evolain who			
II Hours wor	Keu exce	eu nours	expected, please	explail wily			
Comments:							
School	Sianeti	ıro.				Daf	e:
School Signature: User Group Signature:						Dat	

Forward to:

WAKE COUNTY PUBLIC SCHOOL SYSTEM CROSSROADS II COMMUNITY SERVICES - COMMUNITY USE 110 CORNING ROAD CARY NC 27518