MANSFIELD I. S. D. EVENT NOTIFICATION FORM					
DATE OF NOTICE:			VIA: Eme	ail □ Fax #	
TO: Campus Administrator/Rep:	Mike Vopal		VIA: EMI	All FUX #	
DATE OF THE EVENT:		BEGIN TIME	AM / PM	END TIME	AM / PM
ORIGINATING CAMPUS / DEPT					
ROOM/FIELD REQUESTED					
ORGANIZATION / EVENT					
REQUESTOR				□HVAC	Logged
CONTACT PERSON				Est. Attendance:	
WORK / HOME PHONE				Admission:	☐YES ☐NO
Email Address				How Much?	
*****CUSTODIAN NEEDED*****	CHECK ONE	☐ YES	□NO		
Type of Event:					
☐ Booster Club Meeting	☐ MYB/AAU ☐ Sporti			ting Events	
\square Church Banquet	☐ Practice/Game ☐ Student Lock-ins				
☐ Church Services	☐ PTA Meeting		☐ Othe	r	
\square Crime Watch	☐ School Event/Extended Hours			IS THIS SCHOOL DISTRICT EVENT	
\square Homeowners Association	☐ Scouts			☐ YES	
Special Instructions:					
***** THIS SECTION FOR M.I.S.D. FACILITIES OFFICE USE ONLY: *****					
Needs: ☐TV ☐VCR ☐Overhead ☐Lights ☐ PA System Tables:					
Security Personnel: MISD Police Dept. Ambulance / Local Fire Dept.					
CUSTODIAN NEEDED FOR:	☐ OPEN	☐ CLOSE]	Employee#:	
Custodian assigned to work:				per hr = \$	
Number of hours worked:	X			TOTAL DUE	
		-		•	
Number of hours worked:		. x			
CC: ☑ Custodial Supervisor ☐ Child Nutrition ☐ Sound Tech Director ☐ Grounds ☑ MISD Police 6000					
Emergency Contacts: MISD Police & 24-Hour Emergency 817.299.6000					