

Ormondale School Work Order

Date of Request: _____ Date of Work Required: _____

Name of person making the request: _____

Name of organization of the request: _____

Event / Occasion / Activity: _____

Contact phone number (s) : _____

Location of event: _____

Time of event & work completion: _____

IT equipment required - Type: _____

Number of tables & chairs needed : _____ tables _____ chairs

Details of work set up needed, tables, seating, trash cans, etc.: _____

Use reverse side of this sheet to illustrate requested set-up of tables, chairs, and equipment.

Submitted by: _____ Date: _____

Work Order Process:

1. This form must be completed at least *one week* prior to the scheduled event.
2. Form to be turned in to Ormondale School office

Work completed by: _____ Date & Time: _____