

# Master Calendar Reservation Form

for

School Activities/Field Trips/ Special Events/Room Reservations

Birmingham Covington School

1525 Covington Rd., Bloomfield Hills, MI 48301

Phone: (248) 203-4425 Fax: (248) 203-4433

\_\_\_\_\_ Originator

\_\_\_\_\_ Mark Morawski

\_\_\_\_\_ Jason Hill

\_\_\_\_\_ Ann Truesdell (Media Center)

\_\_\_\_\_ Paula Jackson (Tech Set-up)

\_\_\_\_\_ Bill Johansson/Chris Manchester (Gym/Pool)

\_\_\_\_\_ Webmaster/Website

\_\_\_\_\_ Custodial Staff

\_\_\_\_\_ Cindy Balicki

\_\_\_\_\_ Bloomfield Twp. Police, if needed

## Office Use Only:

\_\_\_\_\_ Date Received

\_\_\_\_\_ Copies Made

\_\_\_\_\_ Entered on Calendar

\_\_\_\_\_ Permit Number

**Today's Date:** \_\_\_\_\_

**Name of Activity:** \_\_\_\_\_

**Desired Date of Activity:** \_\_\_\_\_

**Second Date Choice:** \_\_\_\_\_

**Desired Location of Activity:** \_\_\_\_\_

**Second Location Choice:** \_\_\_\_\_

**Number of People Expected to Attend:** \_\_\_\_\_

**Beginning Time:** \_\_\_\_\_ am/pm **Ending Time:** \_\_\_\_\_ am/pm

**Set up Time:** \_\_\_\_\_ am/pm

**Grade Level(s) Involved:** \_\_\_\_\_

**Contact Person for Activity:** \_\_\_\_\_

**Contact's Phone Number:** \_\_\_\_\_

**Contact's Email Address:** \_\_\_\_\_

**Please use reverse side to design your room layout.**

Please complete **ONE MONTH PRIOR** to required date to allow time for processing.  
Space is not guaranteed. An email confirmation will be sent.

Please place reservation request form in Cindy Balicki's mailbox when complete  
or email form to [cb15bps@birmingham.k12.mi.us](mailto:cb15bps@birmingham.k12.mi.us)

BCS Room Layout Request

Event Name: \_\_\_\_\_ Room Requested: \_\_\_\_\_

Event Date/Time: \_\_\_\_\_ Coordinator: \_\_\_\_\_

**Layout (N)**

