



# Pemberton Early Childhood Education Center

**BUILDING USAGE FORM** (fillable form; Print,download or email for approval)

100 Arney's Mount road Pemberton, NJ 08068



*When completed Please Return to Chelsey Wright ext: 1001*

Please take a moment to help us improve your experience at Pemberton Early Childhood Education Center by letting us know what you will need to have while you are at our facility.

Name of Event: \_\_\_\_\_

Date(s) and Time Needed for: \_\_\_\_\_

### About You;

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

### Which Room(s) would you like access to;

- |   |  |
|---|--|
| <input type="checkbox"/> Media Center         | <input type="checkbox"/> Cafetorium/Backstage      |
| <input type="checkbox"/> Parent Training Room | <input type="checkbox"/> Gross Motor Room          |
| <input type="checkbox"/> Art/Music Room       | <input type="checkbox"/> Conference Room Suite 200 |

### People attending;

Number of Adults \_\_\_\_\_

Number of Children \_\_\_\_\_

Out of District Attendees \_\_\_\_\_

In-District Attendees \_\_\_\_\_

### Equipment needed;

- |  |   |
|--|---|
| <input type="checkbox"/> Tables Qty. _____             | <input type="checkbox"/> Access to Computer Network (wireless)  |
| <input type="checkbox"/> Folding Tables Qty. _____     | <input type="checkbox"/> Microphone and Sound System            |
| <input type="checkbox"/> Cafeteria Tables Qty. _____   | <input type="checkbox"/> LCD Projector (with laptop) and Screen |
| <input type="checkbox"/> Folding Chairs 'E hm' SSSSSSS | <input type="checkbox"/> Smart Board                            |
| <input type="checkbox"/> Easel(s) Qty. _____           | <input type="checkbox"/> Podium                                 |
| <input type="checkbox"/> Camera (pictures taken)       | PowerPoint Remote Control                                       |

Other \_\_\_\_\_

### Food Services;

- |  |  |
|--|--|
| <input type="checkbox"/> Snacks & Drinks       | <input type="checkbox"/> Lunch with Salad & Beverages            |
| <input type="checkbox"/> Drinks Only           | <input type="checkbox"/> Buffet Hot Lunch with Salad & Beverages |
| <input type="checkbox"/> Continental Breakfast | <input type="checkbox"/> Dinner Buffet                           |
| <input type="checkbox"/> Breakfast Buffet      |  |

### Will Security be needed for the event;

- Yes - How Many \_\_\_\_\_  No

### Additional Information;

\_\_\_\_\_  
\_\_\_\_\_

APPROVED

DENIED

Date \_\_\_\_\_

**Building Administrator**

**Thank you in advance for your cooperation!**