



**MISSION CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
MAINTENANCE SET-UP REQUEST FORM**

CAMPUS: _____ **DATE:** _____

DATE OF EVENT: _____

TOTAL HOURS OF THE EVENT: _____ **HOURS: FROM** _____ **TO** _____

ATTENDING: _____ **AREAS NEEDED:** _____

OF TABLES: _____ **# OF CHAIRS:** _____

SHOW MOBILE TRAILER NEEDED: _____ **POWER NEEDED:** _____
(Outside use only, same thing as the 21st century stage)

PLATFORM STAGE NEEDED: _____ **HOW MANY:** _____
(Size 4x8, outside and inside use only) (Please specify amount)

ENCLOSED TRAILER NEEDED: _____ **20ft.** _____ **24ft.** _____
(Transporting use only) (Please specify size of trailer needed)

TRUCK (for pulling trailer only): _____ **DRIVER** (attach comp. time/over time form): _____

DESCRIPTION OF EVENT: _____

APPROVED BY PRINCIPAL OR DIRECTOR ONLY: _____

PERSON RECEIVING SET-UP: _____

RETURN THIS FORM TO MAINTENANCE DEPARTMENT. WE WILL NEED FIVE (5) WORKING DAYS ADVANCE NOTICE. FAX#: (956) 323-8177

PLEASE ATTACH DIAGRAM OF SET-UP IF NEEDED

MAINTENANCE DEPARTMENT OFFICE USE ONLY

DATE: _____ **RECEIVED BY:** _____