



# LONGVIEW ISD

## BOARD ROOM REQUEST FORM

Please complete this form by entering appropriate data requested.

Please return your completed form to the Superintendent's Administrative Assistant

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Date:

Requested by:  
Dept./Campus:

Phone:  
Email:

Activity:  
Date(s)  
Beginning Time  
Ending Time

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### Special Instructions

Description of room arrangement, such as number of chairs/tables:

Other needed items:

Board Room reservation confirmations will be posted to the ESC Meeting Room Calendar,  
<http://calendar.lisd.org>