

ADMINISTRATIVE REGULATION

APPROVED: June 12, 2018

REVISED:

# CENTENNIAL SCHOOL DISTRICT

## 701.1-AR-0. REQUEST TO NAME FACILITY FORM

- Instructions:
1. All items on this form must be completed for consideration of the request.
  2. Attach an additional sheet if more space is needed.
  3. Attach the petition containing at least 125 signatures of District residents, employees and/or community officials.
  4. Completed forms are to be submitted to the Superintendent for approval of the Board.

Name of person/organization making this request: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Name of the individual to be honored: \_\_\_\_\_

What specific facility are you requesting for naming in honor of the individual? \_\_\_\_\_  
\_\_\_\_\_

Describe the lasting and outstanding contribution made by this individual to the District and/or to this particular facility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_