

REQUEST FOR NAMING OR RENAMING FACILITIES

Requested by: The Family of Jamie Scott
(Name of individual or group)

Name of Contact Person: Kari Aranzubia

Address: 300 Floyd Lane, Cave Junction, OR 97523

Date of Request: 10/14/12 Phone Number: 541-592-5284

Facility or Portion of Facility Involved: (Please be specific; i.e. library at Hidden Valley High School)

Gymnasium at Lorna Byrne Middle School

Proposed Name: Jamie Scott Memorial Gymnasium

Detailed Reason for Request: (Continue on back of form)

Please see attached paper for detailed reason.

ADVISORY COMMITTEE ACTION

Committee Members: _____

Chairperson: _____
(District Office Administrator)

Meeting Date: _____

Date/Method of Publicizing Information to Community: _____

Nomination of Additional Names (if applicable): _____

Recommendation to Board: _____

Reasons for Recommendation: _____

Associated Costs: _____

BOARD ACTION

Action Taken: _____ Date: _____