

This form must be completed and returned a **minimum of TEN (10) school days prior** to the event date.

Teacher _____

Today's Date _____

Name of Event _____

Purpose of Event _____

Date(s) Requested _____

Time(s) _____

* Will you be charging admission for the event? Yes No Amount \$ _____

Facilities Requested:

- _____ Auditorium
- _____ Cafeteria
- _____ Gym
- _____ Athletic Fields, please specify which _____
- _____ Other _____
- _____ Courtyard
- _____ Media Center

Equipment Needed:

- _____ Projector
- _____ Auditorium Sound System
- _____ Microphones: No.: _____
- _____ Tables: Number: _____
- _____ Chairs: Number: _____
- _____ Other: _____

Teachers:

- *You are responsible for obtaining and setting up the equipment for the event.
- *Sound system outside of the auditorium must be checked out from the media center.
- *You are responsible for ensuring the space utilized is locked and clean before you leave
- *If a security code is needed to lock/unlock for the event, you need to arrange that with Administration.

Office Use Only

Student Activities Director

Date

Bookkeeper (If charging for event)

Date

Athletic Director/Keys (if applicable)

Date

Principal

Date