

Thurs Jan 18<sup>th</sup>, Jan 25<sup>th</sup>, Feb 1<sup>st</sup>, Feb 8<sup>th</sup>,  
Feb 15<sup>th</sup>

# NATRONA COUNTY HIGH SCHOOL

## BUILDING USE REQUEST FORM

Outside Groups: Please check in at the office upon your arrival (during school hours)

Date of Request: 12-6-17 Date(s) of Building Use: Thurs 1/18, 1/25, 2/1, 2/8, 2/15

Time(s) of Building Use: \_\_\_\_\_ Time(s) of Activity: 5:00 (sometimes 6:00)

Group or Organization Using Building: Boys Basketball

Reason for Building Use:  
Meeting(s) \_\_\_\_\_ Banquet \_\_\_\_\_ Dance \_\_\_\_\_ Practice(s) \_\_\_\_\_ Game(s) \_\_\_\_\_ Music Production \_\_\_\_\_  
Theatre Production \_\_\_\_\_ Fundraising Activity \_\_\_\_\_ Voting Poll \_\_\_\_\_ Registration \_\_\_\_\_  
Rehearsal(s) \_\_\_\_\_ Reunion \_\_\_\_\_ Training/Prof. Dev \_\_\_\_\_  
Other Team Dinner

Requested Area(s):  
Cafeteria (East) \_\_\_\_\_ (West) \_\_\_\_\_ Auditorium \_\_\_\_\_ Band Room \_\_\_\_\_ Library \_\_\_\_\_ Staff Center \_\_\_\_\_  
Main Gym \_\_\_\_\_ Auxiliary Gym \_\_\_\_\_ Wrestling Room \_\_\_\_\_ Weight Room \_\_\_\_\_ Fitness Center \_\_\_\_\_  
Locker Room(s) \_\_\_\_\_ Gym Lobby \_\_\_\_\_ Pool \_\_\_\_\_ Stadium \_\_\_\_\_ Track \_\_\_\_\_ Classroom(s) 1 / 1  
Other Commons

Does Facility need to be opened?  Yes  No Time \_\_\_\_\_ AM-PM

Does Facility need to be locked after use?  Yes  No Time \_\_\_\_\_ AM-PM

Is this function open to the Public?  Yes  No

Will Admission be charged?  Yes  No Amount \$ \_\_\_\_\_

How many people will be in attendance? Less than 50  Less than 100 \_\_\_\_\_ More than 100 \_\_\_\_\_

Will food or beverages be: (Sold) \_\_\_\_\_ (Provided) \_\_\_\_\_ at this activity?  Yes  No

General Equipment needed:  
Microphone(s) # \_\_\_\_\_ Podium \_\_\_\_\_ Tables # \_\_\_\_\_ Chairs # \_\_\_\_\_ DVD Player \_\_\_\_\_ TV \_\_\_\_\_ Projector \_\_\_\_\_  
Screen \_\_\_\_\_ Projector \_\_\_\_\_

Is special lighting and sound necessary for this function? Yes \_\_\_\_\_ No \_\_\_\_\_

List person(s) who will be in charge of this activity: \_\_\_\_\_

Cafeteria style setup w/ 3 long table for food service.

Janea Quig

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

Approval \_\_\_\_\_ Date \_\_\_\_\_ Denial \_\_\_\_\_ Date \_\_\_\_\_