

March 11<sup>th</sup> - 22<sup>nd</sup>

Weekday mornings - 7:30 AM

# 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: 3/8/19

Date(s) of Building Use: ~~3/11~~ Monday-Fri 3/22

Time(s) of Building Use: \_\_\_\_\_ Time(s) of Activity: 7:30 AM

Group or Organization Using Building: Stucco

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 \_\_\_\_\_

Mr Mustang practice

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) / / /  
 Other \_\_\_\_\_

Sanders has key

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 X Less than 100 \_\_\_\_\_ More than 100 \_\_\_\_\_

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

General Equipment needed:

Microphone(s) # \_\_\_\_\_ Podium \_\_\_\_\_ Tables # \_\_\_\_\_ Chairs # \_\_\_\_\_ DVD Player \_\_\_\_\_ TV \_\_\_\_\_ Projector \_\_\_\_\_  
 Screen \_\_\_\_\_ Projector \_\_\_\_\_

No eq up needed

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

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

B. Sanders

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

Approval OK per BH \_\_\_\_\_ Date \_\_\_\_\_ Denial \_\_\_\_\_ Date \_\_\_\_\_