

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: 8/21

Date(s) of Building Use: September 4th & 5th, 25th & 26th, October 9th & 10th 23rd and 24th

Time(s) of Building Use: Wednesdays 6:45-7:30am Thursdays 6-7:30am

Time(s) of Activity: Wednesdays 6:45-7:30am Thursdays 6-7:30am

Group or Organization Using Building: NCDT

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_____

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 Main Football Field

Does Facility need to be opened? Yes No Time Wed 6:40, Thurs 5:50 ~~AM~~-PM

Does Facility need to be locked after use? Yes No Time Wed 7:35, Thurs 7:35 ~~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___ I have a key to the announcers booth and will use the stereo in there.

Is special lighting and sound necessary for this function? Yes___ No

List person(s) who will be in charge of this activity: AJ Campbell- Head Dance Coach 307-258-5341 

Address _____ City _____ State _____ Zip _____ Telephone Number _____

Approval _____ Date _____ Denial _____ Date _____