

# 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: 5/7/19 Date(s) of Building Use: Wed, May 8<sup>th</sup>

Time(s) of Building Use: \_\_\_\_\_ Time(s) of Activity: MC

Group or Organization Using Building: Jastens

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 \_\_\_\_\_

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: \_\_\_\_\_

Couple tables  
inside gym  
door

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

South Bleachers  
Please

Approval \_\_\_\_\_

Date \_\_\_\_\_

Denial \_\_\_\_\_

Date \_\_\_\_\_

Lobby  
Crown