

DISTRICT REQUEST TO SCHEDULE FACILITIES PHONE: 472-5700 or FAX: 472-2019

Interoffice **original** to SUPPORT OPERATIONS OFFICE

Ofc use: _____

ACTIVITY: _____

WHERE: * _____
 *(If requesting Auditorium or Cafeteria, complete appropriate BLOCK below)

DATE: from: ____ / ____ / ____ **Begin Time:** _____ **End Time:** _____

DATE: through: ____ / ____ / ____ **M-T-W-TH-F-S** **Begin Time:** _____ **End Time:** _____
 INCLUDE THE YEAR CIRCLE DAY(s) HOURS (designate A.M./P.M. or 24 hour time)

SUBMITTED BY: _____ DATE SUBMITTED: _____

INDIVIDUAL(S) SUPERVISING: _____ NON-SCHOOL PHONE: _____

AUDITORIUM SECTION: MUST BE SIGNED BEFORE SUBMITTING: _____
 DRAMA DEPT. SIGNATURE

<< Technician(s) will be assigned by Auditorium Supervisor

*INDICATE NEEDS: *Show any setup needs on REVERSE - copy to Maintenance Dept.

_____ SOUND SYSTEM - Type: _____

_____ LIGHTS - Type: _____

_____ OTHER Technical _____

***Rehearsal times & dates: _____

***Performance times & dates: _____

CAFETERIA SECTION: MUST BE SIGNED: _____
 Cafeteria Supv. Signature (Ext. 2303 or 472-5703)

MUST CIRCLE USE: KITCHEN - YES NO DINING ROOM - YES NO

Kitchen use requires 1 PAID CAFÉ STAFF assigned by Café Supv.

____ APPROVED ____ NOT APPROVED ____ APPROVED ____ NOT APPROVED

HOST CAMPUS ADMINISTRATOR SIGNATURE

** _____

DIRECTOR SUPPORT OPERATIONS

**i.e., Using HS campus = HS Principal, etc.

