

## Conestoga High School 2019-2020 Request to Use School Facilities

This completed form must be submitted to Room 208 *two week prior to the event*.  
It may only be submitted at the time of or after an event/activity has been approved.

<b><u>Description of Activity:</u></b>	
<b><u>Sponsoring Group/Organization:</u></b>	
<b><u>Date of Activity:</u></b>	<b><u>Time of Set-Up:</u></b>
<b><u>Time of Activity: From:</u></b>	<b><u>To:</u></b>
<b><u>Room(s) or Area(s) to be Used:</u></b>	
<b><u>Estimated Attendance or Turnout:</u></b>	
<b><u>Personnel Needed:</u></b>	
<input type="checkbox"/> Custodian <input type="checkbox"/> Stage Crew <input type="checkbox"/> Security <input type="checkbox"/> Cafeteria Staff <input type="checkbox"/> TV Coverage <input type="checkbox"/> Police <input type="checkbox"/> Other(describe) _____	
<b><u>Equipment Needed:</u></b>	
<input type="checkbox"/> # of Chairs <input type="checkbox"/> # of Tables <input type="checkbox"/> Podium <input type="checkbox"/> Cash Box <input type="checkbox"/> Lights <input type="checkbox"/> HVAC <input type="checkbox"/> P.A. System <input type="checkbox"/> AV(list below) <input type="checkbox"/> Other(describe) _____ _____ _____	
<b><u>Please List Special Considerations:</u></b>	
➤ Will the building have to be open early for set up? Yes _____ No _____ ➤ Which doors must be open? _____ ➤ Are restrooms needed? Yes _____ No _____ Location: _____	
<b><u>Person In Charge of Activity:</u></b>	
<b><u>Person Submitting Form:</u></b>	<b><u>Date Submitted:</u></b>
➤ Name:	Address:
➤ Phone Number:	Email Address:
<b><u>Administrative Approval:</u></b>	
<b><u>Calendar(s):</u></b>	
<input type="checkbox"/> District <input type="checkbox"/> Conestoga <input type="checkbox"/> Schoology: _____	

- Custodian
- TV(Baskin)
- AV(Stokes)

- Submitting Person
- HVAC(Gorman)
- Security (After 2:30pm)

- Stage Crew (CN/NA/MS)
- Business Office