Hawthorne High School Facility Use Form

THIS FORM MUST BE COMPLETED AND RETURNED TO **MR. KNAPP** AT LEAST **5**

WEEKS PRIOR TO YOUR EVENT

Please be aware that this form will be processed and you will be contacted regarding approval. Approval dates are given on a first come, first serve basis. We will work to accommodate all events. In the meantime, your cooperation and flexibility are appreciated.

Today's Date: ______________ Advisor/Contact Name: ______________________________________ Phone: ______________________

Name of Event: ____

Event Date: ________________________________ Event Start Time: _____________________ End Time: _____________________

Name of Sponsor/Club/Organization: ____

Please check which event type pertains to you:

_______ Meeting _______ Award Ceremony _______ Live Performance

_______Assembly _______Class Presentations _______Other:_________________________________

Please indicate below which Campus facility you would like to use for this event:

_______ Library _______Staff Lounge ______ Cafeteria _______ East Gym ______West Gym

_______ Football Field _______ Parking Lot ______ Nyman Hall _______ Other:________________________

Expected Audience Size: __________ Will you charge admission? ________ Yes _______ No How much? _______________

Will you require access to the facility prior to the event start time for set up or preparation? Yes ______________ No _____________

If so, please indicate dates and times below:

Date: ____________________ Time: _____________________ Date: ____________________ Time: _______________________

Date: ____________________ Time: _____________________ Date: ____________________ Time: _______________________

Technical/Additional Needs: Please check all items you will need and attach a diagram of your setup, if necessary.

_______ Microphone(s) _______ Sound Effects/Music _______Video Projector _______ Restroom _______ Podium

_______ Chairs (How many?): ______________ _______ Tables (How many?): __________

_______Security (How many?): ______________ Start time: ___________________ End time: ____________________

Other: ____

_____ DIAGRAM ATTACHED (INCLUDE WORK ORDER) / _______ DIAGRAM NOT REQUIRED

Teacher ➡Mr. Knapp

Mr. Knapp➡ Administrative Meeting for Approval

Mr. Knapp ➡Ms. Stack to calendar

_________ Approved _________ Denied Date ___________ Signed ____
Mr. Knapp

Comment

Copies: _X_ Activities Director _X_ Advisor/Contact ___ Athletics Director ___ Cafeteria ___ PE

_X_ M & O (2) _X_ Security ___ Other:______________________________________

Revised: 9/7/10