

INTERNAL FACILITY USE FORM

Facility Use ID# _____

THIS FORM MUST BE COMPLETED AND RETURNED TO LORENA CASTANEDA, FACILITIES/ MAINTENANCE/OPERATIONS, FOR FACILITY USE APPROVAL PRIOR TO YOUR EVENT / ACTIVITY

Club or school organization requesting use of facility: _____

Event/activity planned: _____ Date(s) needed: _____

Site requested: _____ Time(s) needed: _____

Number of people expected to attend or participate: _____

Site making request: _____

Print first and last name of advisor or person in charge of activity: _____ Phone/cell #: () _____

CLASSROOMS: If requesting classrooms, list all room numbers here: _____

FEES: Are fees being charged for this activity? NO YES If YES, how much are fees? _____

→ If fees are being charged, an event/activity flyer **MUST ACCOMPANY** this form.

KITCHEN: Will the kitchen be used during your event? NO YES

→ If YES, you must contact the Food Services Manager @ AGHS x2111 or NHS x3321, Monday–Friday, 8 a.m.-3:30 p.m.

What do you need Food Services to provide? _____

RESTROOMS: How many restrooms are required: Women's: _____ Men's: _____

→ **IMPORTANT NOTE:** All requests for restrooms include the assignment of a Custodian. **YOU WILL BE CHARGED** for custodial fees.

SPECIAL SET-UP: Is special set-up needed (i.e. tables and chairs, etc.)? NO YES

→ If YES, please draw a clear diagram of the layout on the back of this form or attach a drawing for reference.

Additional comments: _____

FOR OFFICE USE ONLY – Do not write below this line.

The following facilities **must be cleared** with the designated Advisor prior to submission to the campus administrator for approval.

*AGHS or NHS Athletic Director **MUST** approve where indicated **PRIOR** to scheduling.

AGHS

- _____ Classrooms
- _____ Food Services/ Kitchen
- _____ Forum/ Room 301
- _____ Library/ Inquiry Center
- _____ Multi-Purpose Room
- _____ Principal's Conference Room

Approval of AGHS Site Athletic Director required for:

- _____ Concessions
- _____ Gymnasium
- _____ Outdoor Athletic Fields
- _____ Pool

*AGHS Athletic Director Signature Date

Approval of District Office required for:

_____ Georgie O'Connor Board Room

District Office Signature Date

Lead Custodian Review Signature Date

NHS

- _____ Classrooms
- _____ Conference Room 33, Building 10
- _____ Food Services/ Kitchen
- _____ Forum/ Building 60
- _____ Library Media Center, Room 20a, Building 50
- _____ Library Media Center, Room 40, Building 50
- _____ Music Room, Building 10
- _____ Olympic Hall, Room 2, Building 20
- _____ Principal's Conference Room
- _____ Quad
- _____ Staff Room 29, Building 10

Approval of NHS Site Athletic Director required for:

- _____ Concessions
- _____ Gymnasium
- _____ Outdoor Athletic Fields
- _____ Pool

*NHS Athletic Director Signature Date

Administration Signature Date