*BUCHANAN HIGH SCHOOL*

**FACILITIES REQUEST**

**CLUBS Please Complete and email to Activities**

Today’s Date: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_

Group Name

Person Requesting:

E-Mail Address: Phone:

Activity: Group Size

**Request must be made at least one week in advance of desired use date.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **List All Facilities Requesting** | **Start**  **Date** | **End**  **Date** | **Set Up**  **Start Time** | **Event**  **Start Time** | **Event**  **End Time** | **Break Down**  **End Time** |
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**Are you charging an admission fee or donation fee for your event?** **Yes** **No**

|  |  |
| --- | --- |
| **Equipment / Set Up Requested** | **Quantity** |
| Chairs |  |
| 6’ Tables |  |
| Round Tables |  |
| Cafeteria Tables |  |
| A/C – ON (March – November) |  |
| Heat – ON (Late November - February) |  |
| Other |  |

|  |  |
| --- | --- |
| **Equipment / Set Up Requested** | **Quantity** |
| Risers |  |
| Score Table |  |
| Sound / Microphone |  |
| Podium |  |
| Stanchions |  |
| Sprinklers Off |  |
| Other |  |

**Set Up Instructions:**

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**Gym Only**

**Learning Director / Athletic Director / Activities Director John Jay, Assistant Athletic Director**

For Deputy Principal’s Office Only

* **Date Entered:**

**Schedule No**: **Deputy Principal**