*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**