

CENTENNIAL HIGH SCHOOL ATHLETIC FACILITY USE FORM

Directions: For school-related organizations, please complete all parts of this form and return to the Main Office within ten working days of the event. Failure to return this completed form within ten days can result in non-use of the facility, no air conditioning or heat and no technical/custodial support or no equipment usage. Use of kitchen facilities requires Food Service Manager and related fees. Security and custodial needs are based on attendance and the purpose of the event. The school administration will determine security and custodial needs and the user will pay the associated fees and contact necessary personnel.

TODAY'S DATE: _____

Name of Organization Represented: _____

Day of Week: _____

Start Setup at: _____

Date of Event/Meeting: _____

Event Start Time: _____

Event End Time: _____

Description/Purpose of Event: _____

NOTE: IT IS THE RESPONSIBILITY OF THE SPONSOR OF THIS EVENT TO CONFIRM DETAILS WITH STAFF INVOLVED (I.E. CUSTODIANS, AUDITORIUM MANAGER, SECURITY, ETC.)

Security – Name/Date Officer Contacted: _____

Custodian(s) # needed: _____ (Over 200+ persons require 2 custodians)
Name/Date Custodian Contacted: _____

Food Service Manager – Date Food Service Manager Contacted: _____

FACILITY REQUESTED:

- | | | |
|---|--|---|
| <input type="checkbox"/> CAFETERIA | <input type="checkbox"/> TENNIS COURTS | <input type="checkbox"/> GYM LOBBY |
| <input type="checkbox"/> BASEBALL FIELD | <input type="checkbox"/> AUX GYM | <input type="checkbox"/> WEIGHT ROOM |
| <input type="checkbox"/> SOFTBALL FIELD | <input type="checkbox"/> STADIUM | <input type="checkbox"/> STADIUM PARKING |
| <input type="checkbox"/> OTHER _____ | | <input type="checkbox"/> GYM (A.D. CONTACTED & APPROVED ON _____) |

REQUIREMENTS:

- CHAIRS - # OF _____ TABLES - # OF _____ SET UP OF AREA (DETAILED DIAGRAM ATTACHED)
- PODIUMS - # OF _____ MICROPHONES (FOR CAFETERIA OR GYM) - # OF _____ HEAT/AIR CONDITIONING
- OTHER: _____

SIGNATURE OF FACILITY USE FORM ORIGINATOR

DATE FORM COMPLETED

CHS SIGNATURE OF FORM RECEIVED BY

DATE RECEIVED ON

DATE REQUESTED: AVAILABLE: _____

NOT AVAILABLE: _____

APPROVED BY: _____ DATE: _____

**THIS FORM MUST BE SUBMITTED WITHIN TEN DAYS OF THE EVENT TO:
MR. JAKE HILL – ASSISTANT ATHLETIC DIRECTOR, FACILITY/TRANSPORTATION**

OFFICE USE ONLY

DATE PUT ON MASTER CALENDAR: _____ DATE CONFIRMED: _____