

CENTENNIAL HIGH SCHOOL AUDITORIUM USE FORM

Directions: THIS REQUEST FORM IS FOR THE USE OF THE CENTENNIAL HIGH SCHOOL AUDITORIUM ONLY. 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 auditorium. Use of auditorium sound and lighting system will require an Auditorium Manager and related fees. Security and custodial needs for the use of the auditorium 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.

Person Completing this Form: _____ TODAY'S DATE: _____
 Phone # _____

Name of Organization Represented: _____

Day of Week: _____ Start Setup at: _____

Date of Event/Meeting: _____ Event Start Time: _____ Event End Time: _____

Description/Purpose of Event: _____

Charges for Admission to Event, if any: \$ _____ Expected attendance: _____

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 –Signature of Officer Assigned: _____
- Custodian(s) # needed: _____ - Signature of Custodian Assigned: _____
 (Over 200+ persons require 2 custodians)
- Food Service Manager – Signature Food Service Manager Assigned: _____
- Auditorium Manager – Signature of Manager Assigned: _____

FACILITY REQUESTED: * Auditorium – Theatre Department approval _____

REQUIREMENTS:

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

* Requires Auditorium Manager

Additional Requirements (please be specific): _____

 SIGNATURE OF FACILITY USE FORM ORIGINATOR

 DATE FORM COMPLETED

 SIGNATURE OF AUDITORIUM MANAGER

 DATE

 APPROVAL

 NON APPROVAL

DATE REQUESTED: AVAILABLE: _____

NOT AVAILABLE: _____

APPROVED BY: _____
 ERIC JONES – ASSISTANT PRINCIPAL

DATE: _____

THIS FORM MUST BE SUBMITTED WITHIN TEN DAYS OF THE EVENT TO:
 TERRIE HOWARD (howardt@fultonschools.org)

OFFICE USE ONLY

DATE PUT ON MASTER CALENDAR: _____ DATE CONFIRMED: _____