

# CENTENNIAL HIGH SCHOOL 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"/> CLASSROOM # _____                             | <input type="checkbox"/> THE PERK (25 to 30 PEOPLE ONLY) |
| <input type="checkbox"/> MEDIA CENTER       | <input type="checkbox"/> PRINCIPAL'S CONFERENCE ROOM (10 to 15 PEOPLE) | <input type="checkbox"/> PTSA CONF/ROOM                  |
| <input type="checkbox"/> BUS CANOPY PARKING |  |  |
| <input type="checkbox"/> OTHER _____        |  |  |

**REQUIREMENTS:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> CHAIRS - # OF _____  | <input type="checkbox"/> TABLES - # OF _____                             | <input type="checkbox"/> SET UP OF AREA (DETAILED DIAGRAM ATTACHED) |
| <input type="checkbox"/> PODIUMS - # OF _____ | <input type="checkbox"/> MICROPHONES (FOR CAFETERIA OR GYM) - # OF _____ | <input type="checkbox"/> HEAT/AIR CONDITIONING                      |
| <input type="checkbox"/> 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. ERIC JONES – ASSISTANT PRINCIPAL**

OFFICE USE ONLY

DATE PUT ON MASTER CALENDAR: \_\_\_\_\_ DATE CONFIRMED: \_\_\_\_\_