

# MIAMI SOUTHRIDGE SENIOR HIGH SCHOOL FACILITY USE FORM

Organization: \_\_\_\_\_ Advisor/Coach: \_\_\_\_\_

Room: \_\_\_\_\_ Date of Use: \_\_\_\_\_ Time of Use: \_\_\_\_\_ to \_\_\_\_\_

Purpose of Use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Students Involved: \_\_\_\_\_ Number of Adults Involved: \_\_\_\_\_

### AUDIO VISUAL AND LIGHTING NEEDS

(It is the advisor's responsibility to notify and secure the signatures of the following departments.)

<p><b>AUDIO VISUAL DEPARTMENT</b> (Microphone, Projector, Screen, etc.)</p> <p>List needed equipment and requests:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>AV Dept. Signature _____</p>
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<p><b>DRAMA DEPARTMENT</b> (Lighting, curtains, etc.)</p> <p>List special lighting needs:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Drama Dept. Signature _____</p>
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Describe any arrangements your organization will be making for this event:

\_\_\_\_\_  
\_\_\_\_\_  
(Security, food, special guests, etc).

**NOTE:** It is your responsibility to clean and remove all items (props, decorations, trash, etc.) from the area within 24 hours of the event. Failure to do so will result in future use of facilities being denied.

### SIGNATURES

The date will not be reserved until all signatures have been secured (in the order listed below) and the completed form is returned to the Activities Office.

Activities Director: \_\_\_\_\_ Approved \_\_\_\_ Denied \_\_\_\_

Administrator for Facilities : \_\_\_\_\_ Approved \_\_\_\_ Denied \_\_\_\_

Administrator for Security: \_\_\_\_\_ Approved \_\_\_\_ Denied \_\_\_\_

Personnel Assigned to Event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS FORM MUST BE COMPLETED AND TURNED IN AT LEAST 2 WEEKS PRIOR TO EVENT. YOUR DATE IS NOT GUARANTEED UNTIL THIS FORM HAS BEEN RETURNED TO THE ACTIVITIES OFFICE.**