

Please Print Legibly

User/Organization: \_\_\_\_\_

School Site: \_\_\_\_\_

To be completed by the Applicant											School Use				
Specific Dates and Repeat Ranges <i>If a weekly repeating event, list Start and Stop Dates</i>								# Days Total	Start and Stop Times <i>Include all time on premises</i>	Equipment Requested	Qty	Available			
Indicate Weekly Repeats:															
9/11/04, 9/14/04	9/19/04 - 11/15/04	→	Su	(M)	T	W	Th	F	Sa	11	6:30 pm – 9:00 pm	Lights: <input checked="" type="checkbox"/> Stage <input type="checkbox"/> Spot	—	YES	NO
			Su	M	T	W	Th	F	Sa		—	A/V: <input type="checkbox"/> TV <input type="checkbox"/> VCR <input type="checkbox"/> DVD		YES	NO
			Su	M	T	W	Th	F	Sa		—	Lights: <input type="checkbox"/> Stage <input type="checkbox"/> Spot		YES	NO
			Su	M	T	W	Th	F	Sa		—	Overhead Projector		YES	NO
			Su	M	T	W	Th	F	Sa		—	Outside Electrical Outlet		YES	NO
			Su	M	T	W	Th	F	Sa		—	PA System: <input type="checkbox"/> Sm <input type="checkbox"/> M <input type="checkbox"/> Lrg		YES	NO
			Su	M	T	W	Th	F	Sa		—	Screen: <input type="checkbox"/> Electric <input type="checkbox"/> Manual		YES	NO
			Su	M	T	W	Th	F	Sa		—	Lectern		YES	NO
			Su	M	T	W	Th	F	Sa		—	Piano: <input type="checkbox"/> Grand <input type="checkbox"/> Upright		YES	NO
			Su	M	T	W	Th	F	Sa		—	Portable Stage		YES	NO
			Su	M	T	W	Th	F	Sa		—	Risers		YES	NO
			Su	M	T	W	Th	F	Sa		—	Gym Mat		YES	NO
			Su	M	T	W	Th	F	Sa		—	Scoreboard: <input type="checkbox"/> Gym <input type="checkbox"/> Field		YES	NO
			Su	M	T	W	Th	F	Sa		—	Volleyball Net		YES	NO
			Su	M	T	W	Th	F	Sa		—	Chair		YES	NO
			Su	M	T	W	Th	F	Sa		—	Table		YES	NO
			Su	M	T	W	Th	F	Sa		—			YES	NO
			Su	M	T	W	Th	F	Sa		—			YES	NO
			Su	M	T	W	Th	F	Sa		—			YES	NO
			Su	M	T	W	Th	F	Sa		—			YES	NO
			Su	M	T	W	Th	F	Sa		—			YES	NO
			Su	M	T	W	Th	F	Sa		—			YES	NO

User Signature

Date

Principal Signature

Date

Community Schools  
**Community Use**