

Brighton High School Facility Request

Today's Date: _____ Event Name: _____

Organization: _____

Facilities or Room/s Requested: _____

Purpose: _____

Date/s Needed	Times (start and end)	Notes

Requestor Name: _____ Phone: _____

Email: _____ Organization: _____

Organization Address if not BHS: _____

Second Contact Person: _____ Phone: _____

Email: _____ Organization: _____

Name of faculty member/coach supervising event : _____

(student events must have a teacher/administrator present the entire event and to open and close the facility)

All Auditorium events must be approved by Jane Archuleta. A light/sound technician is required and is subject to charge of \$30/hr, please confirm with Mrs. Archuleta whether or not this applies to your event.

Please get Mrs. Archuleta's approval (below) prior to submitting this form to Facilities.

Approval: _____ Date: _____ Tech Charge? Y N

SETUP

Set up date: _____ Set up time: _____

Who is setting up? _____ Who will clean up? _____

If you are using the LIBRARY, you are responsible for clean up and moving furniture back.

Please indicate items needed (and number of each): *Announcers and scoreboard/clock operators are not provided.*

Tables (#) _____ Chairs (#) _____ Field Lights _____ Bleachers (for Gamble/CLC) _____

Other: _____

*Available to BHS internal requests only - Sound System _____ Mic _____ Scoreboard/Clock _____

For a projector, screen, TV or other electronics you must contact Steve Brewer sbrewer@sd27j.net.

Special Instructions: _____

If custodial staff is setting up, a diagram and special instructions are required. Please attach a diagram and instructions. NOTE: If custodial set up is required, contact Suzanna Froyd (sfroyd@sd27j.net) TWO DAYS prior to your event to confirm coverage and set up. If the event is outside normal school hours (on a Monday, weekend or after school hours) or is not a BHS sponsored event, you may be responsible for a charge of \$45/hr for Facilities staff to be present during your event and one hour before and after.

OFFICE USE ONLY

Proof of Insurance: _____ Security Deposit: _____ Facility Fee: _____

Custodian \$45/hr: Hours _____ Fee: _____; Light/Sound \$30/hr: Hours _____ Fee: _____

Custodial Review: _____

Administrative Approval: Y N By: _____ Date: _____

Requester Notified: _____