

Lowellville Local School District

Building Use Form Gym/Cafetorium/Other

Guidelines include (but are not limited to):

There is to be no food or drinks in the Gyms

There is to be no smoking in/on school grounds

Today's Date:

Organization: Point of Contact: Phone # Ext

Area Requested Elem Gym HS Gym Cafetorium Other

Type of Activity

Day and Date of Building Use: Start Time: End Time:

Rehearsal Date (if Applicable) From: To: Time:

Setup Date (if Applicable): Tear Down Date Times: to

Will need please check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Sound |
| <input type="checkbox"/> Podium | <input type="checkbox"/> Microphone How Many |
| <input type="checkbox"/> Podium | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Projector | <input type="checkbox"/> Screen |
| <input type="checkbox"/> Piano | <input type="checkbox"/> Risers |
| <input type="checkbox"/> Other Specify: | |

Principal Signature: _____ Assistant Principal Signature: _____

After signatures are secured and event dates are verified the following will be notified if involved.

- Notified the following as needed:
- | | | |
|---|--|--|
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Custodians | |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Cafeteria/Kitchen | <input type="checkbox"/> Athletic Director |
| <input type="checkbox"/> Music Director | <input type="checkbox"/> Drama Director | |

Request must be made at least 5 work days prior to event