

MIAMI SOUTHRIDGE SENIOR HIGH SCHOOL FACILITY USE FORM

Employee Name: _____ **Organization:** _____

Date(s) of Use: _____ **Time of Use:** _____ to _____

Requested Room(s) or Area(s):

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Media Center |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Classroom(s) # _____ |
| <input type="checkbox"/> Gymnasium | <input type="checkbox"/> Other _____ |

Purpose of Use: _____

Anticipated Number of Students: _____ **Anticipated Number of Adults:** _____

Equipment Needed (check all that apply):

- | | | |
|-----------------------------------|---|--------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Microphone | <input type="checkbox"/> Sound |
| <input type="checkbox"/> Laptop | <input type="checkbox"/> Podium | <input type="checkbox"/> Other |
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Projector & Screen | _____ |

NOTE:

Your organization may be responsible for paying security personnel.

You are responsible for cleaning and removing all items (props, decorations, trash, etc.) from the area at the conclusion of the event.

A COPY OF THE FORM WILL BE RETURNED TO YOU UPON APPROVAL
FOR OFFICE USE ONLY

Activities Director: **Approved** **Denied**

Signature: _____

Administrator For Facilities: **Approved** **Denied**

Signature: _____

Administrator For Security: **Security Required** **Security Not Required**

Security Personnel Assigned to Event: _____

Signature: _____