

**MIAMI SOUTHRIDGE SENIOR HIGH SCHOOL
FACILITY USE FORM
EQUAL ACCESS GROUPS**

DATE OF APPLICATION: _____

(Must be submitted at least five school days before requested date)

Student Name: _____ **Student ID** _____

Organization: _____

Room: _____ **Date of Meeting:** _____ **Day of Week:** _____

Time meeting will begin: _____ **Time meeting will end:** _____

Anticipated Student Attendance: _____

Purpose of Meeting: _____

Non-Student Guests Attending Meeting:

(Equal Access Monitor must complete Guest Speaker Form for every guest listed)

Equal Access Monitor is available for meeting: **Approved** **Denied**

Signature: _____

For Office Use Only

Submit this form to the Activities Office for final approval. A signed copy of this form will be returned to you upon approval.

Guest Speaker Form(s) attached for each guest: **Yes** **No**

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

Principal: _____ **Approved** **Denied**

NOTE:

You are responsible for cleaning and removing all items from the area immediately after the meeting (decorations, trash, etc.)