

SOUTH HIGH MAGNET SCHOOL FACILITY USE FORM

All areas except Theater

Name: James Mayberger
Activity: Tom Pickel Memorial Vex Robotics
Date of Request: 10-11-19 Date/Time of Activity: 10-24-20 6:00A.m.
Location: Gym
Set-Up Needed? yes Date: 10-23-20 Time: 3:10-8:00pm*
Rehearsal Needed? No Date: _____ Time: _____
volleyball practice until 5:30 pm on 10-13-19
Equipment Needed
Lighting requirements: _____
PA System: yes
Podium: _____
Overhead Projector/Screen: _____
Seating Instructions: North bleachers out, Order 60 tables + 400 chairs
Other Instructions: _____
Personnel Needed: _____
Entrance Doors to be Used: Gym 24th + 23rd sides
Maintenance Instructions: _____

PLEASE RETURN COMPLETE FORM TO ACTIVITIES DIRECTOR, ROOM 242.

Until you receive an approved copy, consider your request pending.

Date Approved: 12-6-19

Date Approved: _____

Date Received: 10-14-19

[Signature]
Activities Director

[Signature]
Athletic Director

[Signature]
Secretary Activities/Athletic

Cc: On Calendar _____
Principal _____
Custodians _____
Security _____
Requester _____

****Revised 6-6-19****