SOUTH HIGH MAGNET SCHOOL FACILITY USE FORM All areas except Theater

Name: Kim Wheeler
Activity: Luvabuis
Date of Request: (2000) 5/28/21 Date/Time of Activity: Tues. 6/1/21 3:30-
Location: <u>Gymn</u> or Mezz (if available)
Set-Up Needed?Date:Time:
Rehearsal Needed?Date:Time:
Equipment Needed
Lighting requirements: _ () \(\cdot \)
PA System:
Podium:
Overhead Projector/Screen:
Seating Instructions:
Other Instructions:
Personnel Needed: Seawity?
Entrance Doors to be Used:
Maintenance Instructions:
PLEASE RETUN COMPLETE FORM TO ACTIVITIES DIRECTOR, ROOM 242. Until you receive an approved copy, consider your request pending.
Date Approved: 528 Activities Director
Date Approved: 528 Justa – Fy Athletic Director
Date Received: Secretary Activities/Athletic
Cc: On Calendar Principal Custodians Security Requester **Revised 6-6-19**