

SOUTH HIGH MAGNET SCHOOL FACILITY USE FORM
All areas except Theater

Name: Richard Krueger

Activity: Charity Basketball tournament

Date of Request: 9/19/2018

Date/Time of Activity: April 6th 2019 8-3pm

Location: Gym

Set-Up Needed? bleachers/court Date/Time: _____

Rehearsal Needed? _____ Date/Time: _____

Equipment Needed

Lighting Requirements: N/A

PA System: N/A

Pododium: N/A

Overhead Projector/Screen: N/A

Seating Instructions: North bleachers

Other Instructions: Main scoreboard panel

Personnel Needed: N/A

Entrance Doors to be Used: _____

Maintenance Instructions: _____

PLEASE RETURN COMPLETED FORM TO MRS. CHARO RANGEL, Room 242.
Until you receive an approved copy, consider your request pending.

Date Received: 9-20-18

Charo Rangel
Secretary Activities/Athletic

Date Approved: 9-20-18

J. G. [Signature]
Athletic Director

Date Approved: _____

Activities Director

- cc: On Calendar
- Mr. Cano
- Custodians
- Security
- Return to
- Requester

[Signature]

[Signature]

[Signature]

[Signature]

on calendar