

Potts

South Summer Basketball

June 1, 2, 3, 4 Practice
June 7 Metro League Varsity
June 8, 9 Practice
June 8 J.V. League Bell. EAST
June 10 G.I. Tourney J.V. - Varsity (need van)
June 11 SARPP Co Shootout Varsity
June 14 Metro League Varsity
June 15 J.V. League @ Bell. EAST
~~June 15, 16, 17 Practice~~
June 18 PAPID SO Tourney Varsity
June 21 Metro League Varsity
June 22 J.V. League @ Bell. EAST
~~June 22, 23 Practice~~
June 24 Iowa West Tourney VAR - J.V..
June 28 Metro League VAR.
June 28 Crete Tourney J.V.
June 29 J.V. League @ Bell EAST

Morning preferred

Gateway

Camps

3.2.1.2 No. more than 10
in 21 consecutive
days

3.2.1.6 no restrict if no support
Is use of facility support

SOUTH HIGH MAGNET SCHOOL FACILITY USE FORM
All areas except Theater

Name: Bruce Chubbick

Activity: Boys Basketball

Date of Request: 5/28/21 Date/Time of Activity: See attached 3-5pm

Location: gym

Set-Up Needed? / Date/Time: _____

Rehearsal Needed? / Date/Time: _____

Equipment Needed

Lighting Requirements: /

PA System: /

Pododium: /

Overhead Projector/Screen: /

Seating Instructions: /

Other Instructions: /

Personnel Needed: /

Entrance Doors to be Used: gym entrance

Maintenance Instructions: /

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

Date Received: _____ Secretary Activities/Athletic

Date Approved: _____ Athletic Director

Date Approved: _____ Activities Director

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

SOUTH HIGH MAGNET SCHOOL FACILITY USE FORM
All areas except Theater

Name: Charles Northcutt

Activity: Girls Basketball

Date of Request: 5/28/21

Date/Time of Activity: Tues + Thurs 9:30 - 11:30 June

Location: gym

Set-Up Needed? / Date/Time: _____

Rehearsal Needed? / Date/Time: _____

Equipment Needed

Lighting Requirements: /

PA System: /

Pododium: /

Overhead Projector/Screen: /

Seating Instructions: /

Other Instructions: /

Personnel Needed: /

Entrance Doors to be Used: gym entrance

Maintenance Instructions: /

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

Date Received: _____

Secretary Activities/Athletic

Date Approved: _____

Athletic Director

Date Approved: _____

Activities Director

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

SOUTH HIGH MAGNET SCHOOL FACILITY USE FORM
All areas except Theater

Name: Makenna Durham

Activity: Volleyball

Date of Request: 5/28/21

Date/Time of Activity: Tues + Thurs 7:30-9:30A June + July

Location: gym weight room

Tues Mon, Tues Thurs Fri 6:30-7:30A

Set-Up Needed? No Date/Time: _____

Rehearsal Needed? No Date/Time: _____

Equipment Needed

Lighting Requirements: /

PA System: /

Pododium: /

Overhead Projector/Screen: /

Seating Instructions: /

Other Instructions: /

Personnel Needed: /

Entrance Doors to be Used: gym entrance

Maintenance Instructions: _____

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

Date Received: 5-28-21

Secretary Activities/Athletic

Date Approved: _____

Athletic Director

Date Approved: _____

Activities Director

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