

## Reservation for Use of Maiden High School Auditorium and Other Facilities and Equipment for School-Sponsored Activities

|  |                    |  |
|--|--------------------|--|
| <b>Name of Applicant:</b>  |                    |  |
| <b>Name of School:</b>   |                    | <b>Principal or AP acting as Site Supervisor:</b>  |
| <b>Position:</b>   |                    |  |
| <b>School Phone:</b>   | <b>School Fax:</b> | <b>Email:</b>  |
| <b>Event Title:</b>  |                    | <b>Purpose of Event:</b>   |
| <b>Date of Event:</b><br>1. _____<br>2. _____                          |                    | <b>Time of Event:</b><br>_____ am/pm TO _____ am/pm<br>_____ am/pm TO _____ am/pm                          |
| <b>Date needed for Setup &amp; Break Down:</b><br>1. _____<br>2. _____ |                    | <b>Time needed for Setup &amp; Break Down:</b><br>_____ am/pm TO _____ am/pm<br>_____ am/pm TO _____ am/pm |
| <b>Estimated No. of Persons Attending Event:</b>                       |                    | <b>Estimated No. of Parking Spaces Needed:</b>   |
| <b>Will admission be charged for event?</b><br>_____ Yes _____ No      |                    | <b>If yes, amount of charge:</b><br>\$ _____   |
| <b>Will refreshments be served?</b><br>_____ Yes _____ No              |                    | <b>If so, describe:</b><br>_____   |

| MHS FACILITY REQUESTED   | NO. OF HOURS NEEDED | QUANTITY REQUESTED | TOTAL COST |
|--|---------------------|--------------------|------------|
| Auditorium (includes parking)  |                     |                    |            |
| Seminar Room (includes parking)  |                     |                    |            |
| Media Center (includes parking)  |                     |                    |            |
| Classroom (includes parking)<br>Room #s:   |                     |                    |            |
| Gymnasium (includes parking)   |                     |                    |            |
| Dining Hall  |                     |                    |            |
| Dining Hall and Kitchen  |                     |                    |            |
| Parking Lot Activity   |                     |                    |            |
| Other:   |                     |                    |            |
| <b>PERSONNEL SERVICE</b>   |                     |                    |            |
| Site Supervisor (required)   |                     |                    |            |
| Custodian  |                     |                    |            |
| Audio-Visual Operator (required in sound or lighting system or projector in auditorium are used) |                     |                    |            |
| Additional Staff   |                     |                    |            |
| Additional Security  |                     |                    |            |
| <b>EQUIPMENT REQUESTED</b>   |                     |                    |            |
| Sound System in Auditorium   |                     |                    |            |
| Lighting System in Auditorium  |                     |                    |            |
| Projector in Auditorium  |                     |                    |            |
| Chairs   |                     |                    |            |
| Tables   |                     |                    |            |
| TV   |                     |                    |            |
| VCR  |                     |                    |            |
| DVD player   |                     |                    |            |
| Overhead Projector   |                     |                    |            |
| Projection Screen  |                     |                    |            |
| <b>TOTAL COST</b>  |                     |                    |            |

\_\_\_\_\_  
Signature of Person Making Reservation

\_\_\_\_\_  
Date

The undersigned hereby certifies that he/she has confirmed the availability of the foregoing facilities and equipment and services and the accuracy of the foregoing information.

\_\_\_\_\_  
Signature of MHS Auditorium Coordinator/ MHS Principal/Superintendent or Designee

\_\_\_\_\_  
Date