

Site:

☐ District Office ☐ Tempe H.S. ☐ McClintock H.S. ☐ Marcos de Niza H.S.
☐ Corona del Sol H.S. ☐ Mountain Pointe H.S. ☐ Desert Vista H.S. ☐ Compadre H.S.

GENERAL INFORMATION:

Requesting organization _____ Representative name _____
 Address _____ City _____ State _____ Zip _____
 Work phone _____ Day phone _____ Cell phone _____ E-mail _____

Describe Event _____
 Type of audience: (circle one) ☐ General Audience ☐ High School Students ☐ Children (approx. age) _____ Expected Attendance _____

EVENT/REHEARSAL LOCATION AND TIMES:

		Time event starts	Time event ends
Date Requested _____	Room(s) _____	Time _____ / _____	
Date Requested _____	Room(s) _____	Time _____ / _____	
Date Requested _____	Room(s) _____	Time _____ / _____	
Date Requested _____	Room(s) _____	Time _____ / _____	
Date Requested _____	Room(s) _____	Time _____ / _____	
Date Requested _____	Room(s) _____	Time _____ / _____	

Please check the appropriate boxes

☐ CAFETERIA FACILITIES

☐ Main Dining ☐ Food Service/Catering - Contact Michelle Swendseid 480-345-3724
☐ Faculty Dining

☐ AUDITORIUM FACILITIES

<input type="checkbox"/> Auditorium	<input type="checkbox"/> Choir Room	<input type="checkbox"/> Other (list) _____
<input type="checkbox"/> Auditorium Pods A	<input type="checkbox"/> Drama Room	<input type="checkbox"/> Make-up Room
<input type="checkbox"/> Auditorium Pods B	<input type="checkbox"/> Dressing Rooms	<input type="checkbox"/> Orchestra Room
<input type="checkbox"/> Band Room	<input type="checkbox"/> Lecture Hall A	<input type="checkbox"/> Special request _____

☐ ATHLETIC FACILITIES *Fields request - please specify type: IV, V, East, etc.

<input type="checkbox"/> Baseball Fields * _____	<input type="checkbox"/> Stadium with lights	<input type="checkbox"/> Other (list below) _____
<input type="checkbox"/> Concessions	<input type="checkbox"/> Tennis Court	_____
<input type="checkbox"/> Dance Room	<input type="checkbox"/> Track	_____
<input type="checkbox"/> Large Gym	<input type="checkbox"/> Weight Room	_____
<input type="checkbox"/> Gym Annex	<input type="checkbox"/> Wrestling Room	
<input type="checkbox"/> Locker Room		
<input type="checkbox"/> Practice Fields * _____		
<input type="checkbox"/> Softball Fields * _____		
<input type="checkbox"/> Stadium		

☐ EQUIPMENT *Place number needed next to equipment.*

_____ Microphones A/V Equipment / Specify Type: _____
 _____ Chairs _____
 _____ Scoreboards _____
 _____ Table _____

☐ PERSONNEL

_____ Custodial
 _____ Site Supervisor
 _____ Security
 _____ Auditorium Manager
 _____ Ticket Taker/Seller
 _____ Student Technician

Other comments/special needs:

Representatives signature _____

Date of request _____

Assistant principal signature _____