



# SKYLINE HIGH SCHOOL FACILITY USE APPLICATION

\* Name of Group: \_\_\_\_\_

\* Name of Event/Activity: \_\_\_\_\_

**\* Type of Organization:**

- \_\_\_\_\_ ASB (check all that apply)
  - \_\_\_\_\_ Meeting \_\_\_\_\_ Fundraiser (**approved Fundraising Request must be attached**) \_\_\_\_\_ Practice
  - \_\_\_\_\_ Other (please explain): \_\_\_\_\_
- \_\_\_\_\_ SHS In-House
- \_\_\_\_\_ Issaquah School District Affiliated
- \_\_\_\_\_ Outside Group (**Note: you have the potential of being bumped if any groups listed above needs the facility.**)
  - \_\_\_\_\_ Current Certificate of Insurance on File

\*Date Requested \_\_\_\_\_ One Time Event/Activity \_\_\_\_\_ Repeat Event \_\_\_\_\_

**(Form must be completed 2 weeks prior)**

\*Time Requested: Set-up: \_\_\_\_\_ Event: \_\_\_\_\_ to \_\_\_\_\_ Clean-up/Exit: \_\_\_\_\_

**\*Facility Desired: Check all that apply and secure appropriate initials:**

_____ Theatre - 2500	_____ Large Gym (New) - 2800	_____ Commons (Upper or Lower)
_____ Theatre Round - 2502	_____ Large Gym (Old) - 2601	_____ Classroom (number _____)
_____ Theatre Round - 2530	_____ Agon Gym (South) - 2701	
_____ Delphi Theatre - 2519	_____ Titan Gym (North) - 2715	
	_____ Stadium	
<b>_____ (Beth Rand's initials)</b>	<b>_____ (Michele Donah's initials)</b>	<b>_____ (Michele Donah's initials)</b>

**\*Special Equipment Requested: Check all that apply and secure appropriate initials: \_\_\_\_\_ (Jake Tripp's initials)**

- \_\_\_\_\_ Microphone \_\_\_\_\_ Podium \_\_\_\_\_ Portable Sound \_\_\_\_\_ Built in sound system
- \_\_\_\_\_ Portable Stage \_\_\_\_\_ Stage Curtain \_\_\_\_\_ Stage Lights \_\_\_\_\_ Scoreboard
- \_\_\_\_\_ Spotlight \_\_\_\_\_ Other: \_\_\_\_\_

**\*Seating Requested: Check all that apply and please attach a copy of the layout you would prefer for the furniture:**

Number of people expected: \_\_\_\_\_  
\_\_\_\_\_ Bleachers \_\_\_\_\_ Chairs (# \_\_\_\_\_) \_\_\_\_\_ Round Tables (# \_\_\_\_\_) \_\_\_\_\_ Rectangular Tables (# \_\_\_\_\_)

**\* Set-up/Clean-up Responsibilities:**

- \_\_\_\_\_ Organization - Note: though custodians may assist with moving large items, set-up is primarily the organization's responsibility; if choosing not to use custodians, you run the risk of not being able to access certain items/areas.
- \_\_\_\_\_ Custodians - Note: events on a weekend or after midnight on a weekday **require** custodial coverage -

**\* Supervision:**

Who is responsible for supervision of the event? \_\_\_\_\_  
Is administrative supervision requested/required? \_\_\_\_\_ yes \_\_\_\_\_ no

**1. I have kept a copy of this form for my records and will bring my copy with me to the event/activity.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Office Use Only**

Appropriate Director/Administrator (prior to confirmation): \_\_\_\_\_

Request confirmed with group on \_\_\_\_\_ by \_\_\_\_\_  
(date) (Michele S. Donah's signature)