

FOR HIGH SCHOOL AUDITORIUM USE ONLY



Mattawan Consolidated School
Fifty-Six Seven Twenty Murray Street
Mattawan, Michigan 49071
 269-668-3361
www.mattawanschools.org

**AUDITORIUM
FACILITY USE FORM**

This form must be received a minimum of two weeks in advance of an event and sent to the attention of the Facility Use Coordinator.

PLEASE NOTE THAT THERE ARE TWO SIDES TO THIS FORM.

DIRECTIONS

1. This facility use form must be completed and returned to the attention of Darlene Flamm, Facility Coordinator at the address listed above at least two weeks prior to a scheduled event.
2. If there are potential fees involved or you have questions, please call Darlene Flamm, the Facility Coordinator at 668-3361 ext 1755. By doing so, many potential questions such as custodial coverage, heating/cooling charges, kitchen facilities, etc. can be resolved.
3. On the reverse side of this application form, please sketch any furniture or other items that need special attention, following the directions requested. Please be as thorough as possible in order to promote clarity.

Today's Date: _____		Date you wish to use the facility. Day: _____ Date: _____	
Group requesting use: _____			
Purpose for use: _____			
Person Responsible:	Name _____ Address _____ City, State, Zip _____	Home Phone: _____ Work Phone: _____ Cell Phone: _____	
Approximate number of persons attending event: _____			
Please circle AM or PM.	Time facility needed for set-up: _____	AM / PM	Time event actually begins: _____
	Time event ends: _____	AM / PM	Time facility will be clear of group: _____
Describe the reason/ nature of the event: _____			
Will you be showing a presentation?	YES NO	If yes, what type? (Please circle): DVD VHS Video Computer Presentation	
Will you bring your own laptop?	YES NO	Microphone / PA System	
Will you bring any other computer/ video equipment?	YES NO	If yes, please be specific: _____	

Please specify the Audio/ Visual Equipment you will be needing for your event:

<input type="checkbox"/> Microphone (please check type and how many): <input type="checkbox"/> Wireless hand-held (2 available) _____ <input type="checkbox"/> Hard-wired on Stand _____ <input type="checkbox"/> Lapel _____ <input type="checkbox"/> No Preference _____	<input type="checkbox"/> Lectern: <input type="checkbox"/> With 1 Microphone <input type="checkbox"/> Without Microphone
<input type="checkbox"/> LCD Projector	<input type="checkbox"/> Stage Monitor(s) for sound
<input type="checkbox"/> DVD Player	<input type="checkbox"/> Laptop
<input type="checkbox"/> VHS Player	<input type="checkbox"/> Does your visual presentation have sound? <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Internet or Network Access	<input type="checkbox"/> CD Music
<input type="checkbox"/> Overhead Projector	<input type="checkbox"/> Other: _____

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Stage Set Up:

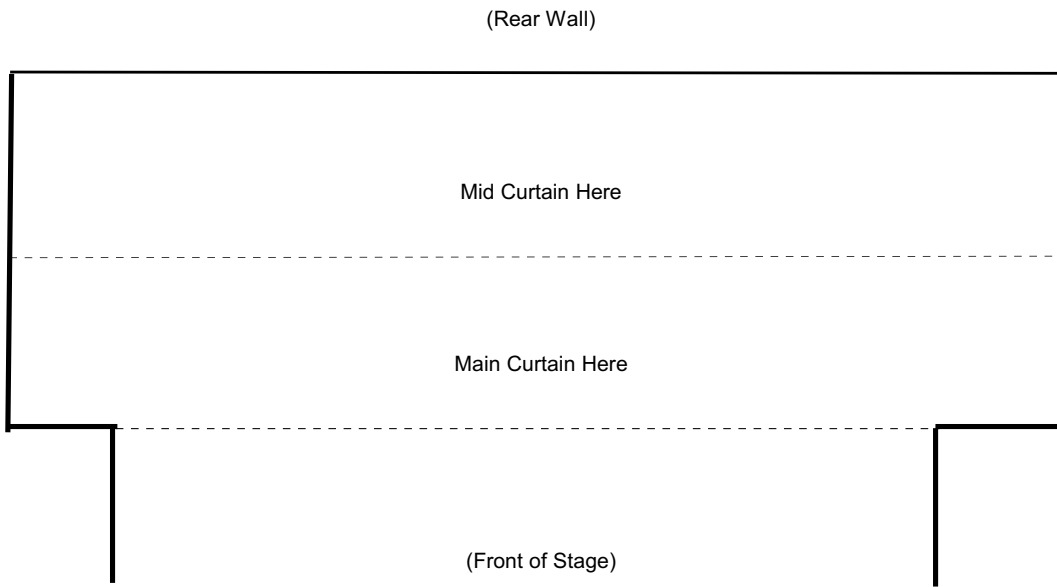
Please check the appropriate box to indicate how much of the stage your event will require:

<input type="checkbox"/> Front third (in front of the main curtain)
<input type="checkbox"/> Front half (in front of the mid curtain)
<input type="checkbox"/> Full Stage

Please check the appropriate boxes and indicate the quantity for any additional items needed on the stage:

<input type="checkbox"/> Banquet Tables	Quantity needed:
<input type="checkbox"/> Chairs	Quantity needed:
<input type="checkbox"/> Risers	Quantity needed:

Please provide a detailed sketch of the requested furniture and arrangement for the stage:



FOR OFFICE USE ONLY:

Building Level Approval: ____/____/____ Signature: _____ Facility Use Coordinator Approval: ____/____/____ Signature: _____	Classification: <input type="checkbox"/> Fee <input type="checkbox"/> No Fee Fee, if applicable: \$ _____ must be paid prior to this event. Date fee paid: ____/____/____
Distribution: 1. Coordinator 2. Buildings/Grounds 3. Custodian 4. Building Level 5. Applicant	

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