

CHS BUILDING USE REQUEST

Return form to:
Rosemary.Bell@centerville.k12.oh.us

Gym Use Approval	_____
Music Room Use Approval	_____
Theater Use Approval	_____
IMC Use Approval	_____

Contact Name

Phone #

Date Today

Name of Group Using Building

Date Requested (MM/DD/YY)

(Multiple Dates Below)

Day of the Week

Purpose

Room Requested

Unit

TIME YOU WISH TO ENTER THE BUILDING _____ AM PM

ACTIVITY BEGINS _____ AM PM ACTIVITY ENDS _____ AM PM

ENTRANCE YOU EXPECT TO USE: _____

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR THE CUSTODIAL STAFF

Number of people expected: _____ # of round tables needed: _____ Location: _____

Number of 6' tables needed: _____ Location: _____

Podium? _____ Microphone? _____ # of easels _____ Other: _____

NOTE: ALL light and sound for theaters scheduled through Fine Arts Coordinator, Mike Cordonnier, 439-3535
Wi-Fi connectivity available M-F after 3pm, Sat-Sun all day (WiFi: CCS-Internet Only Password: centervilleelks)
Projectors are HDMI connections only!

ANYONE USING THE BUILDING IS RESPONSIBLE FOR RETURNING IT TO THE SAME CONDITION IN WHICH THEY FOUND IT!

Special Information

List Multiple Dates Here

FOR OFFICE USE ONLY

CUSTODIAN NEEDED: Yes No Number of custodians needed _____

Work assigned to custodian _____
