

RICHLAND SCHOOL DISTRICT FACILITIES APPLICATION

Facilities Scheduling Office 701 Stevens Drive, Richland, WA 99352

Phone (509) 967-6103 Fax (509) 942-2552

District Use Only Date Received: _____ User Classification: _____

I. Applicant Information (Please Print) Profit Non-Profit

Name of Organization: _____ Business Phone: _____

Name of Event Coordinator: _____

Home Phone: _____ Fax: _____ E-Mail: _____

Send Bill To: _____ Phone: _____

Address: _____ City/State/Zip: _____

II. Activity Information

Name of Activity: _____

Admission fee charged? Yes No If yes, amount: \$ _____ Estimated Number Attending: _____

Proceeds will be used for: _____

III. School Facility Requested

DOORS OPEN: _____ DOORS CLOSE: _____

Name of School: _____

Type of Area(s) Needed: _____

(Example: auditorium, cafeteria, court, field, gymnasium, auxiliary gymnasium, library, etc.)

IV. Date and Time

Date(s) Needed (list all dates): _____

Set Up Time - From: _____ To: _____

Activity Duration - From: _____ To: _____

Tear Down Time - From: _____ To: _____

V. Equipment (indicate all needs):

- | | | |
|---|---|---|
| <input type="checkbox"/> Microphones (# _____) | <input type="checkbox"/> Acoustic Shell | <input type="checkbox"/> Chairs (# _____) |
| <input type="checkbox"/> P.A. System (w/ a mic) | <input type="checkbox"/> Overhead Projector | <input type="checkbox"/> Orchestra Pit (RHS) |
| <input type="checkbox"/> Piano, Upright | <input type="checkbox"/> Piano, Grand (RHS) | <input type="checkbox"/> Piano, Baby Grand (CJMS) |
| <input type="checkbox"/> Screen | <input type="checkbox"/> Podium | <input type="checkbox"/> Risers, Choral |
| <input type="checkbox"/> Tape/CD Player | <input type="checkbox"/> Special Stage Lighting | <input type="checkbox"/> Tables (# _____) |
| | <input type="checkbox"/> TV/VCR | <input type="checkbox"/> Other: _____ |

Notes: _____

VI. Signature: _____ **Date:** _____