

CHS BUILDING USE REQUEST

Return form to:
Kelly.Moore@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 _____