

RICHLAND SCHOOL DISTRICT FACILITIES APPLICATION

Facilities Scheduling Office 701 Stevens Drive, Richland, WA 99352

Phone (509) 967-6103

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: _____ AM / PM To: _____ AM / PM

Activity Duration - From: _____ AM / PM To: _____ AM / PM

Tear Down Time - From: _____ AM / PM To: _____ AM / PM

V. Equipment (indicate all needs):

Microphones (# _____)

P.A. System (w/ a mic)

Piano, Upright

Screen

Tape/CD Player

Acoustic Shell

Overhead Projector

Piano, Grand (RHS)

Podium

Special Stage Lighting

TV/VCR

Chairs (# _____)

Orchestra Pit (RHS)

Piano, Baby Grand (CJMS)

Risers, Choral

Tables (# _____)

Other: _____

Notes: _____

24 HOUR CANCELLATION NEEDED OTHERWISE YOU WILL BE CHARGED

VI. Signature: _____

Date: _____