



Canton Local School District Permit For Use of School Facilities

DATE OF EVENT: _____ **NAME OF GROUP** _____

FACILITY REQUESTED:

- | | | | |
|-----------------------|---|---|---------------------------------------|
| FAIRCREST ELEMENTARY: | <input type="checkbox"/> GYM | <input type="checkbox"/> CAFETERIA | <input type="checkbox"/> CLASSROOM |
| CANTON SOUTH MIDDLE: | <input type="checkbox"/> GYM | <input type="checkbox"/> CAFETERIA | <input type="checkbox"/> CLASSROOM |
| CANTON SOUTH HIGH: | <input type="checkbox"/> PERFORMING ARTS CENTER | <input type="checkbox"/> RED ASH GYM | |
| | <input type="checkbox"/> CAFETERIA | <input type="checkbox"/> COMMUNITY ROOM | <input type="checkbox"/> AXILLARY GYM |
| | <input type="checkbox"/> CLASSROOM | <input type="checkbox"/> DESIGN CENTER | <input type="checkbox"/> STADIUM |

CONTACT PERSON TO BE PRESENT AT EVENT: _____

CONTACT NUMBER: _____

CONTACT PERSON FOR PUBLIC (IF DIFFERENT) _____

CONTACT NUMBER: _____ EMAIL: _____

ATTACH FLYER WITH ADDITIONAL DETAILS IF AVAILABLE

EVENT DETAILS:

EVENT START TIME: _____ EVENT END TIME: _____

(If additional time needed)

EVENT SET UP TIME: _____ EVENT TEAR DOWN TIME: _____

CHECK IF NEEDED

CUSTODIAN - HOURS NEEDED _____

KITCHEN *KITCHEN USE REQUIRES A STAFF MEMBER PAID BY ORGANIZATION

CONCESSION STAND

TECHNOLOGY - IF YES, DESCRIBE NEEDS _____

PODIUM

SPECIAL NEEDS OR REQUESTS: _____

ATTENDEES WILL ENTER THROUGH: #4 ATHLETICS/PAC #2 MAIN / CAFETERIA

APPLICANT NAME: _____ **DATE SUBMITTED:** _____

FACILITY REQUEST PROCEDURE INTERNAL/DISTRICT-RELATED GROUP REQUEST

Please **DO NOT** print signs, flyers and schedules or promote a program until your request is entered on the calendar and approved by administration.

ALL internal/district related groups wishing to use the facilities at Canton South High School should follow the following procedures:

- Fill out the form and return at least **two weeks** prior to your event needs. Please keep in mind the building is shared with many community partners, our own schools, athletics, school clubs and organizations. In order to have your request processed, the sooner you apply for an area, the more likely the date, location and time will be available.
- In order to schedule the building correctly and successfully meet your program needs, please check the areas for equipment needs, audio visual needs and custodial needs.

Please return this form to the correct person listed below:

ARTS, COMMUNICATIONS, BUILDING EVENTS, STAFF MEETINGS, COUNSELOR EVENTS, BOOSTER CLUBS, AUDITORIUM EVENTS, ORGANIZATIONAL EVENTS, AND COMMUNITY PARTNERS/ PUBLIC INTEREST GROUPS FOR COMMUNITY EVENTS & PROGRAMS

- **Karen Vrabec**, Director of Communications, District Office - 600 Faircrest St SE, Canton OH 44707 or scan to karen.vrabec@cantonlocal.org (330-484-8010)

ATHLETIC SPORTING EVENTS, COACHES/PARENT & PLAYERS MEETINGS, & SPORTS BOOSTER CLUBS

- **Matt Dennison**, Athletic Director, CSHS - 600 Faircrest St SE, Canton OH 44707 or scan to matt.dennison@cantonlocal.org (330-484-8000)

**Building rental contracts and liability policy agreements can be obtained from Chris and Matt.

APPROVAL: The event and date listed above is approved as written or with any changes noted above.

Is contract needed _____ YES _____ NO Contract received from _____ Date: _____

Event entered by: _____ Date: _____

Event declined by: _____ Reason: _____

Building approval _____ Date: _____

District approval _____ Date: _____