

Conestoga High School 2025-2026 Request to Use School Facilities

This completed form **MUST** be submitted to Room 2001 *two weeks prior to the event*.
It may only be submitted at the time of or after an event/activity has been approved.

<u>Name of the Event:</u>	
<u>Description of Activity:</u>	
<u>Sponsoring Group/Organization:</u>	
<u>Date of Activity:</u>	<u>Time of Set-Up:</u>
<u>Time of Activity: From:</u>	<u>To:</u>
<u>Room(s) or Area(s) to be Used:</u>	
<u>Estimated Attendance or Turnout:</u>	
<u>Personnel Needed:</u>	
<input type="checkbox"/> Custodian <input type="checkbox"/> Stage Crew <input type="checkbox"/> Security <input type="checkbox"/> Cafeteria Staff <input type="checkbox"/> TV Coverage <input type="checkbox"/> Police <input type="checkbox"/> Other(describe) _____	
<u>Equipment Needed:</u>	
<input type="checkbox"/> # of Chairs* <input type="checkbox"/> # of Tables* <input type="checkbox"/> Podium* <input type="checkbox"/> Cash Box <input type="checkbox"/> Lights (AV) <input type="checkbox"/> HVAC <input type="checkbox"/> P.A. System <input type="checkbox"/> AV(list below) <input type="checkbox"/> Other(describe) _____	
*-Please supply a diagram of the event for the placement of chairs, tables and / or the podium.	
<u>Please List Special Considerations:</u>	
➤ Which exterior doors must be open for the event? _____ ➤ Are restrooms needed? Yes _____ No _____ Location: _____	
<u>Staff member supervising the Activity / Event:</u>	
<u>Contact Information:</u>	
<u>Person Submitting Form:</u>	<u>Date Submitted:</u>
➤ Name:	Address:
➤ Phone Number:	Email Address:
<u>Administrative Approval:</u>	
<u>Calendar(s):</u>	
<input type="checkbox"/> District <input type="checkbox"/> Conestoga <input type="checkbox"/> Schoology: _____	

- Custodian
- TV(Baskin)
- AV(Stokes)

- Submitting Person
- HVAC(Gorman)
- Security (After 3:00pm)

- Stage Crew (CN/NA/KS)
- Business Office