BUILDING USE/EVENT CALENDAR REQUEST FORM

(For use by faculty, staff and Region 14-affiliated organizations)

This form must be submitted a minimum of 10 SCHOOL DAYS prior to the event.

Date of Submission: _____

Requester Name: _____ **Club/Organization:** _____

Requester Phone:_____ **Requester Email:** _____

Purpose for use of the Facility:_____

Do you want this event posted on the Region 14 website calendar: Yes_____ No_____

If Y/N is not indicated your event will NOT be placed on the website

Date(s) of Activity: _____ **Estimated Attendance**:** _____

Time of Event: From: _____ **To:** _____

Total Time Facility is Needed* (This timing includes your set up, break-down and clean up):**

From: _____ **To:** _____

Room(s)/Area(s) Requested:

☐ **Cafeteria** ☐ **Gym** ☐ **Auditorium** ☐ **Stage** ☐ **Locker Room(s)** ☐ **LMC** ☐ **Classroom(s):**_____

☐ **Field(s):** _____ ☐ **Other:** _____

Equipment Needed/Quantity Needed*:

☐ **Chairs**_____ ☐ **Tables**_____ ☐ **Bleachers** ☐ **Risers** ☐ **Extension Cords** ☐ **Audio** ☐ **Video**

☐ **Lighting** ☐ **Other:** _____

Describe setup if needed:_____

_____

****

Approvals/Signatures Needed:

Athletic Director:_____ **Date**: _____

Building Administrator:_____ **Date:** _____

Custodian:_____ **Date:** _____

Director of Fine Arts:_____ **Date:** _____

Library Media Center:_____ **Date:** _____

Student Activity Coordinator: _____ **Date:** _____

***Equipment for facility usage is limited to the items listed above. Unauthorized usage of other Nonnewaug property and equipment is strictly prohibited and unauthorized usage may be subject to loss of facility usage*

***Supervision of participants and attendees is the sole responsibility of the Requestor and lack of appropriate supervision may result in loss of facility usage.*

**** Requestor agrees to comply with approved Total Time Facility is Needed timeslot indicated above with a 15 minute before and after window.***