

FACILITY REQUEST FORM



Ticket Seller/Taker

Requested Site(s): Corona del Sol **Desert Vista** Marcos de Niza McClintock Mountain Pointe Compadre **District Office** Tempe High Requesting Organization: For-profit 501(c)3 Other Contact Name: _____Legal Rep. Name: _____ Address:____ _____City____State____Zip____ Primary Phone:______Primary email address:_____ _____Secondary email address:__ Secondary Phone: Event Name: SPACE RESERVE TIME **ACTUAL EVENT TIME** Start End Start End Expected Attendance: Date: Room(s): ____/___ ____/___ Date: _____ Room(s):_____ ____/___ ____/___ Date:______ Room(s):_____ _____/____ ____/___ Date: Room(s):_____ _____/___ ____/___ W Th F Sat Start Time: **End Time:** Date Range:_____ M T Notes: FACILITY SPACE - Please check the appropriate boxes CAFETERIA AND CLASSROOM FACILITIES Concession Stand: Stadium: Cafeteria Main Faculty Home Visitor Gym Classroom #(s): Other: **AUDITORIUM FACILITIES** Auditorium Choir Room Orchestra Room Restroom Drama Room Lecture Hall Auditorium Pods В **Band Room Dressing Room** Make-up Room Other: ATHLETIC FACILITIES Baseball Fields: V JV Freshman Restroom Track ٧ JV Weight Room Dance Room Softball Fields Freshman Gym: Large Annex Stadium **Wrestling Room Stadium Lights** Locker Room Practice Fields: F W Tennis Courts Other: **EQUIPMENT PERSONNEL Connection Cord** Proxima / Projector Auditorium Manager Table(s) # Location: Desktop Podium Custodian Laptop Screen Security Chair(s) # Location: Microphone(#) Scoreboard Site Supervisor PA System Other: Student Tech. Piano Other:

Signature **Administrator Signature** Date