

FLORENCE UNIFIED SCHOOL DISTRICT #1
DISTRICT ACTIVITIES SCHEDULE FORM

Club/Organization _____

Sponsor/Teacher _____ Daytime Phone: _____

Events to be scheduled _____

Location: **FLORENCE HIGH SCHOOL**

Date of Event: _____ (Mon) (Tues) (Wed) (Thur) (Fri) (Sat) (Sun)

Time: _____ a.m./p.m. to _____ a.m./p.m.

Alternate Date _____ Alternate time _____ a.m./p.m.

This will be a ON OFF campus event (circle)

I will need the use of the following facilities (circle):

Main Gym	Practice Gym	ITV Lab	Conference Room	Classroom
CCSS	Cafeteria	Track	Baseball/Softball Field	Tennis Courts

Other _____

I will need _____ chairs. I will need _____ tables.

I will need (circle one) Air Conditioning/Heater turned on _____ hours in advance.

I will need the following additional equipment:

Microphones Microphone stands Podium Stage/House Lighting

Stadium Lights Projector/Screen Risers PA System Other

**Chaperones Required? Y N **Security Required? Y N **Clean-up required? Y N

Signature of Teacher/Sponsor _____ Date: _____

Signature of Activities Director _____ Date: _____

** Please diagram special set-up or place any special instructions on the reverse side of this form or attach a separate sheet.
 *ALL FORMS must be turned into the Administrator in Charge of Facilities and Activities at least two weeks prior to the event.
 *Please be advised that advanced notice for events guarantees the reservation of the facilities under provision that it does not interfere with prior scheduled events, such as athletic contests
 *If using the facilities on the weekends or other times when custodial staff is not on site, please make sure any trash goes to the dumpsters.
 **Additional Fees Required if these options are selected*