

**EDISON BUILDING USAGE/ACTIVITY**

**MASTER CALENDAR REQUEST**

Complete the following form and return it to room 24 at least two weeks prior to event/activity. If form is not complete, it will be returned to the applicant. After approval/non-approval, a copy of the form will be returned to the applicant. **Please initial here that you have checked the master calendar for availability of the facility. NO other events or rehearsals are scheduled during the time you are requesting.** \_\_\_\_\_

1. Organization and teacher/employee requesting building usage.

\_\_\_\_\_ organization \_\_\_\_\_ teacher/employee

2. Type/purpose of activity/event

\_\_\_\_ meeting \_\_\_\_ assembly \_\_\_\_ rehearsal \_\_\_\_ other (please specify)

3. Title of event \_\_\_\_\_

4. Description of event (be specific)

\_\_\_\_\_  
\_\_\_\_\_

5. Dates requested \_\_\_\_\_ to \_\_\_\_\_

6. Time of event \_\_\_\_\_ to \_\_\_\_\_

7. Time before and after needed for set-up / clean-up \_\_\_\_\_ to \_\_\_\_\_

8. Areas/room number requested \_\_\_\_\_

9. Custodial services requested (check all that apply):

\_\_\_\_ front doors unlocked at \_\_\_\_ am/pm

\_\_\_\_ bathrooms needed

\_\_\_\_ lighting (where?)

\_\_\_\_ table

\_\_\_\_ chairs

10. Technical services requested (check all that apply):

\_\_\_\_ microphone (s)

\_\_\_\_ screen

\_\_\_\_ laptop

\_\_\_\_ projector

\_\_\_\_ podium – (please circle)                      stage right                      stage left                      center stage

\_\_\_\_ orchestra pit

\_\_\_\_ stage – (please circle)                      entire                      in front of screen only

\_\_\_\_ music or other sound effects

\_\_\_\_ lighting - please indicate where you need lighting and if there will be lighting changes during event, including use of house lights. (Please remember that our house lights need 15 minutes to warm up after they have been turned off to be turned back on. We do not currently have a follow spot.)

11. Approximate number of people in attendance \_\_\_\_\_

Signature of person requesting approval

**Contact information of person requesting approval. THIS MUST BE COMPLETED FOR APPROVAL.**

Phone (If giving the school number, be sure to give extension):

Address:

E-mail address:

**RETURN TO MRS. GRIFFIN IN ROOM 24 AT TWO WEEKS PRIOR TO EVENT**

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**Action by Administration:**

\_\_\_\_ approval    \_\_\_\_ disapproval    \_\_\_\_\_ date    \_\_\_\_\_ initials

**Action by Activities Director:**

\_\_\_\_ approval    \_\_\_\_ disapproval    \_\_\_\_\_ date    \_\_\_\_\_ initials

**Action by Technical Director:**

\_\_\_\_ approval    \_\_\_\_ disapproval    \_\_\_\_\_ date    \_\_\_\_\_ initials

