



Today's Date: \_\_\_\_\_

# Roy High School- Building Usage

Please fill out one paper for each day you are using the facilities

Name of Activity: \_\_\_\_\_ This is a re-schedule? \_\_\_\_\_ Original Date: \_\_\_\_\_

Name of Person in charge: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Expected Attendance #: \_\_\_\_\_

<b>Day of the week for Activity:</b> <input type="checkbox"/> Monday <input type="checkbox"/> Thursday <input type="checkbox"/> Tuesday <input type="checkbox"/> Friday <input type="checkbox"/> Wednesday <input type="checkbox"/> Saturday	<b>Type of Group:</b> <input type="checkbox"/> Roy High School <input type="checkbox"/> Roy City <input type="checkbox"/> Weber District <input type="checkbox"/> Outside Rental
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Date of Activity: _____	<input type="checkbox"/> Rehearsal <input type="checkbox"/> Show	Reserved Time: _____ to _____	Start Time: _____ am / pm
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**Facility Being Used**

<input type="checkbox"/> Large Auditorium	<input type="checkbox"/> Little Theater	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Commons
<input type="checkbox"/> Smith Gym (Large)	<input type="checkbox"/> Royal Gym (Small)	<input type="checkbox"/> Conference Room	<input type="checkbox"/> Library
<input type="checkbox"/> Classroom(s) # _____	<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Practice Field	<input type="checkbox"/> Other: _____

**Equipment Needed**

<input type="checkbox"/> Pulpit w/mic	<input type="checkbox"/> Stage Lights	<input type="checkbox"/> Movie Screen	<input type="checkbox"/> Choir Risers	<input type="checkbox"/> Platform Risers
<input type="checkbox"/> Grand Piano	<input type="checkbox"/> Upright Piano	<input type="checkbox"/> Sound Shells	<input type="checkbox"/> Follow Spot	<input type="checkbox"/> Mics # _____
<input type="checkbox"/> Tables # _____	<input type="checkbox"/> Wall as Screen	<input type="checkbox"/> LCD Projector	<input type="checkbox"/> Guest Vendor Wi-Fi	<input type="checkbox"/> Chairs # _____

**Other information or placement diagrams needed**

Please explain in detail what you need. You may use the back of this document for additional set up details.

Rental Charges		Employee Total Hours		
Facility Rental		Name	Hours	Rate Per Hour
Technician Fees				
Deposit Paid				
Total Due				

Signature of acknowledgement \_\_\_\_\_ Date: \_\_\_\_\_