

Heritage High School ROOM USAGE FORM

Date _____
 Group Requesting Facility _____
 Type and Name of Function _____
 Name of Contact Person _____ Phone Number _____
 Day Needed (Circle) M T W R F Sat Sun Date Needed _____

Fill out a separate form for each date facility requested

Start/End Time of Activity _____ a.m./p.m. to _____ a.m./p.m.
 Set Up Time _____ a.m./p.m. to _____ a.m./p.m.
 Clean Up Time _____ a.m./p.m. to _____ a.m./p.m.

Number of Participants _____

- Room Preference
- | | |
|---|---|
| <input type="checkbox"/> Room No. _____ | <input type="checkbox"/> Student Center |
| <input type="checkbox"/> 2nd Floor Lecture Room | <input type="checkbox"/> 3rd Floor Lecture Room |
| <input type="checkbox"/> Main Gym | <input type="checkbox"/> Auxiliary Gym |
| <input type="checkbox"/> C Gym | <input type="checkbox"/> Lower Gym |
| <input type="checkbox"/> Community Room | <input type="checkbox"/> Admin. Conf. Room |
| <input type="checkbox"/> Theatre (Must have Drama Director's signature) _____ | |
| <input type="checkbox"/> Other _____ | |

Special Needs: *Please check and explain if necessary:*

- Furniture
 - Tables / _____ number needed
 - Chairs / _____ number needed
 - Other _____
- Air Conditioning Yes No
- Audio Visual Equipment Yes No (Must Call IT Tech Support (303) 347-7679)
- Special Instructions _____

- Attachments Yes No
- After Hours / Weekend Yes No (If yes, group is responsible for half of custodial overtime charges—\$25 per hour on Saturday, \$35 on Sunday. Overtime to be determined by HHS Administration.)

Approved by _____ Room Assigned _____

Copies: Athletic Office—White Staff/Student Services—Blue	Custodians—Green Dept. Chair—Yellow	Instruction—Lavender IT—Goldenrod	Theatre—Salmon Activities—Grey	Group—Pink
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