



PATRICK HENRY HIGH SCHOOL

ACTIVITY/EVENT/FACILITY REQUEST (FY 2015/16)



Please give a MINIMUM OF ONE WEEK advanced notice for the processing of this request. Effective scheduling and planning of events are key to the smooth operation of our school. Carefully complete this form and submit it to the Supervising Administrative Assistant for processing. You will receive notification on the status of your event after administrative approval has been determined. Advertising in the school bulletin or other means of communication may begin AFTER you've received confirmation of the event being approved and calendared. ALL NON-SDUSD agencies must go through District Rentals Office for approval.

REQUESTS MUST BE SUBMITTED BY PHS STAFF MEMBERS ONLY

Date Request Submitted

PHHS Staff Member/Department

Staff E-Mail or phone #



DATE OF EVENT



ACTUAL TIME OF EVENT

Entire time of event including set-up and clean-up:

EVENT REQUIRES OVERNIGHT SET-UP: [checked] check box if applicable!!

POST to Website:

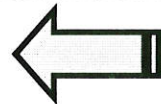
ACTIVITY/EVENT

(include description and purpose)



TOTAL # of participants expected:

[Empty box for participant count]



CHECK [checked] Facility Requested

<input type="checkbox"/>	Amphitheater	<input type="checkbox"/>	Classroom	<input type="checkbox"/>	Stadium Bleachers
<input type="checkbox"/>	Auditorium	<input type="checkbox"/>	Gym	<input type="checkbox"/>	Stadium Field/Track
<input type="checkbox"/>	Cafeteria*	<input type="checkbox"/>	Gym Foyer	<input type="checkbox"/>	Staff Dining Room (off cafe)
<input type="checkbox"/>	Cafetorium (both sections)	<input type="checkbox"/>	Library	<input type="checkbox"/>	Other

Use of CAFETERIA KITCHEN & EQUIPMENT must have prior approval from the Food Services Department.

Check [checked] Equipment/Furniture Needed. Sketch arrangement/floor plan on back, if necessary.

<input type="checkbox"/>	Hand/Stand microphone	<input type="checkbox"/>	Auditorium A/V System:	<input type="checkbox"/>	Chairs (# needed)
<input type="checkbox"/>	Computer	<input type="checkbox"/>	• DVD/VCR	<input type="checkbox"/>	Table(s) (# needed)
<input type="checkbox"/>	Doc Camera	<input type="checkbox"/>	• Projector	<input type="checkbox"/>	Other
<input type="checkbox"/>	Podium	<input type="checkbox"/>	• Portable screen	<input type="checkbox"/>	Other

CUSTODIAL FEES (if applicable) to be paid by: \$\$

COMMENTS/NOTES

Please submit fundraiser form(s) with the activity form to Admin Assistant.

FUNDRAISER EVENT APPROVAL (forms must be attached)

[Empty box]

District (AP 9325)

[Empty box]

ASB

[Empty box]

CALENDAR

SPV Administrative Assistant

Date

[Empty box]

cc: ASB

Athletic Dept./P.E.

\$\$\$

Library

[checked] Originator

[checked] PlantOpSpv.

TECH /Web

OTHER

APPROVAL Administrator

Date