



Club or Academy: _____
 Advisor or Lead Teacher and Room No: _____
 Date Submitted: _____

Clairemont High School Facility Use Request

Date(s) of Activity: _____

Description of Fundraising Activity: _____

Time of Activity: _____ AM or PM Set-Up Time:: _____ AM or PM Ending Time: _____ AM or PM

Name of Certificated Staff Present at Event: _____ Cell Phone No: _____

Check Facility Needed: (please identify a 1st and 2nd facility choice)

- | | | |
|---|--|---|
| <input type="checkbox"/> Stadium | <input type="checkbox"/> Tennis Courts | <input type="checkbox"/> Baseball Field |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Gym | <input type="checkbox"/> Lunch Quad |
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Staff Dining Room | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Softball Field | <input type="checkbox"/> Library | |

Check Equipment Needed and Provide Quantities if Applicable

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> # _____ Chairs | <input type="checkbox"/> Promethean Board | <input type="checkbox"/> Bleachers |
| <input type="checkbox"/> # _____ Tables | <input type="checkbox"/> Projector | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Microphone | | |
| <input type="checkbox"/> Podium | | |

APPROVALS

Athletic Director: _____

Site Operations Specialist (SOS): _____

Principal or Associate Principal: _____ Date: _____

*Please return to H Fulton when approved