DATE OF EVENT ______________________________________

NAME OF GROUP REQUESTING FACILITY ____________________________________________________________

**FACILITY REQUESTED:**

**WALKER:**
- _____GYM
- _____CAFETERIA
- _____CLASSROOM

**FMMS:**
- _____GYM
- _____CAFETERIA
- _____CLASSROOM

**CSHS:**
- _____PERFORMING ARTS CENTER
- _____RED ASH GYM
- _____AUXILIARY GYM
- _____CAFETERIA
- _____CS COMMUNITY ROOM
- _____CS FOOTBALL STADIUM
- _____CLASSROOMS
- _____DESIGN CENTER

**CONTACT PERSON WHO WILL BE PRESENT FOR THE EVENT:** ______________________________________________

**CELL:** ______________________________

**CONTACT PERSON FOR PUBLIC:** _________________________________________________________________

**PHONE:** ______________________

**EMAIL:** ______________________________

**FLYER:** _____YES _____NO

**WEBSITE LINK:** ________________________________________________________________

**EVENT DETAILS**

**EVENT SET UP TIME:** ______________________  **EVENT START TIME:** ______________________

**EVENT TEAR DOWN TIME:** ______________________  **EVENT END TIME:** ______________________

**APPLICANT SIGNATURE:** ______________________________  **DATE SUBMITTED:** ___________________

**CUSTODIAL NEEDS**

**CUSTODIAN NEEDED?** _____YES _____NO  **HOURS NEEDED:** ______________________

**NUMBER OF TABLES:** ______ 6’ ______ 8’  **NUMBER OF CHAIRS:** ______________________

**CONCESSION STAND:** _____YES _____NO  **KITCHEN USE:** _____YES _____NO

**GUESTS WILL ENTER THROUGH DOOR:** _____ATHLETIC/PERFORMING ARTS  _____OFFICE/MAIN

**SPECIAL NEEDS OR REQUESTS FOR CONSIDERATION:** ______________________________________________________________

**TECHNOLOGY NEEDS:** ______________________________________________________________

**PODIUM NEEDED:** _____YES _____NO  **PROJECTION SCREEN:** _____UP _____DOWN
FACILITY REQUEST PROCEDURE
INTERNAL/DISTRICT-RELATED GROUP REQUEST

Please DO NOT print signs, flyers and schedules or promote a program until your request is entered on the calendar and approved by administration.

ALL internal/district related groups wishing to use the facilities at Canton South High School should follow the following procedures:

• Fill out the form and return at least two weeks prior to your event needs. Please keep in mind the building is shared with many community partners, our own schools, athletics, school clubs and organizations. In order to have your request processed, the sooner you apply for an area, the more likely the date, location and time will be available.

• In order to schedule the building correctly and successfully meet your program needs, please check the areas for equipment needs, audio visual needs and custodial needs.

Please return this form to the correct person listed below:

ARTS, COMMUNICATIONS, BUILDING EVENTS, STAFF MEETINGS, COUNSELOR EVENTS, BOOSTER BLUBS, AUDITORIUM EVENTS, ORGANIZATIONAL EVENTS, AND COMMUNITY PARTNERS/ PUBLIC INTEREST GROUPS FOR COMMUNITY EVENTS & PROGRAMS
- Wendy Busnick, Event Manager at Central Office 600 Faircrest St SE, Canton OH 44707 or scan to wendy.busnick@cantonlocal.org (330-484-8010)

ATHLETIC SPORTING EVENTS, COACHES/PARENT & PLAYERS MEETINGS, & SPORTS BOOSTER CLUBS
- Andy Harms, Athletic Director at CSHS 600 Faircrest St SE, Canton OH 44707 or scan to andrew.harms@cantonlocal.org (330-484-8000)

**Building rental contracts and liability policy agreements can be obtained from Wendy and Andy.

| APPROVAL: The event and date listed above is approved as written or with any changes noted above. |
| Is contract needed _____YES _____NO Contract received from __________________________ Date: __________ |
| Event entered into Dynacal by: ____________________________ Date: __________ |
| Event declined by: ____________________________ Reason: ____________________________ |
| Building approval ____________________________ Date: __________ |
| District approval ____________________________ Date: __________ |

AUGUST 2017